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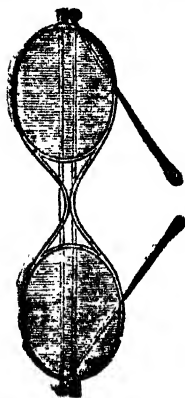
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A Monthly Journal of Homeopathy and
Collateral Sciences.

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NEW YEAR.

The Indian Homeopathic Review takes this opportunity of thanking its many contributors, subscribers and readers for all the help received during the year. With the new year the journal launches on the eighteenth year of its existence.

Homeopathy has been steadily gaining ground in Calcutta since its introduction here some fifty years back. We have had great men among its pioneers. Now we have quite a number of good men who are all doing splendid work in the city. We have some good men who are also busy spreading the immortal system of Hahnemann outside the town. The Calcutta Homeopathic Hospital scheme is also nearing completion. Now we hope we shall be able to do more work during the present year. We feel that our system of treatment should spread more through the different parts of India. We have been told by the believers in this system that they feel the want of a good homeopathic physician almost everywhere. We must have more men in the other cities of the country and to this end we must do something.

Once more wishing our readers and friends a happy new year we begin our work for the present year.

Clinical Cases.

P. C. MAJUMDAR, M. D.

I. POLYPUS OF NOSE.

Aurum.—Babu.....Das, a short but robust looking young man, had for some months a peculiar tickling sensation in his right nostril. This was followed in a month by profuse bright red hemorrhage from the nose. He was examined by a competent allopathic surgeon who declared it to be a case of polypoid growth and wanted to operate.

The patient came to me in September 1906 for treatment. There was a hard nodule occupying nearly the whole of his right nasal cavity. There was also a thin sticky fluid coming out of the growth. I tried Calc. c. both high and low potencies and then Arsenicum 30th. potency but to no effect.

On further examination it was discovered that the turbinated bones were somewhere affected. The discharge became thin and of fishy smell. I gave him Aurum met 30, one dose morning and evening. After a week I found some improvement but it was very slow.

Aurum met. 200, one dose a week, cured him completely in a month and a half. The allopathic doctor said it was a sarcomatous growth, and so advised an early operation.

II.

Lachesis—Babu N. Pal's wife had been suffering for some time from palpitation of heart and general debility. She is an elderly lady, tolerably in good health always. Had malarious fever about five years ago but was cured soon by homeopathic medicines.

She was menopause when I saw her in November 1909. Palpitation was very distressing. She could not walk about freely. There were flushes of heat over head and face especially at the top of the head. Feeling of nausea, burning of the hands and feet, tight sensation in the chest, sudden startling in sleep when palpitation commenced. There were restlessness and insomnia, bowels regular but a good deal of flatulence especially towards the morning. Irritable in nature and always apprehensive of her illness, religious disposition, often fasted and observed all other hard religious performances.

First I tried Lachesis 200 in occasional doses at long intervals. There was some superficial amelioration but nothing permanent.

At last I tried four doses of Sulphur 200, one dose a week, and placebo globules every morning. She took the medicine and went away. After a few months I heard that she was perfectly cured. I stopped all her rigorous religious observances and fastings. The cure was a permanent one. Since then she has been in perfect health.

III. INTERMITTENT FEVER.

Arsenic—Munsi Wazid Ali's wife, aged 35, had an attack of malarious fever about a year ago. When brought to me in September 1906, she was a skeleton, only bones and skin, spleen enormously enlarged and debilitated to an extreme degree. Fever used to come with shivering and there were great burning and restlessness and copious perspiration by which fever left her.

Quinine was taken for a long time in enormously large quantities. At first there was suppression of fever but now it had no effect. There was diarrhoea and great loathing for food. Now the fever came on in the afternoon but it was

not high. Temperature ranging between 97 and 100. There was still some burning and thirst.

I tried *Nux vomica* 200, a few doses, with no benefit.

Arsenic 200, one dose, every third day followed by placebo, morning and evening. She was very fond of taking medicines. She got a perfect cure in three months' time. Her body became plump and general health returned.

IV. ULCER IN THE THROAT

Phytolacca—Babu M. C. Ghose, aged 40, strong and fairly in good health, came to consult me for his throat. He had been suffering off and on for two years.

There was much difficulty or pain in swallowing and much tickling sensation in the throat, constant dribbling of saliva and a sensation of plug in the throat.

On examination I found two large and dirty-looking ulcers, one on each side of the palate and the tongue was thickly coated.

The gentleman was in Government service and could not stay in Calcutta and wanted a big supply of medicine. I gave him a vial of *Phytolacca* 6x globules to be taken morning and evening. I heard nothing from him for some months. He came down to Calcutta the same year during Xmas vacation and came to thank me for his cure.

He said he was cured in a fortnight.

TRAUMATIC EPILEPSY

By JERE L. CROOK, M. D., Jackson, Tenn.

There is perhaps no manifestation of morbid nervous phenomena, except insanity, so fraught with distress both to the patient and his

* Read before the Surgical Section of the Southern Medical Association, Nov. 12, 1908.

friends, and so entirely unresponsive to therapeutic efforts for its relief, as the disease to which I now invite your attention.

The fact that epilepsy of traumatic origin may sometimes be relieved through the aid of surgery justifies its consideration by the surgical section of this association. Perhaps a better reason may lie in the fact that a careful surgical technic in the treatment of all injuries of the scalp and skull is a sure preventive of the disease, and as prevention is better than cure, it is apropos to discuss briefly the management of scalp and skull injuries at the time of their occurrence.

If surgeons would use the same care in examining and treating injuries of the scalp as they exhibit when they approach the sacred confines of the abdomen, traumatic epilepsy would be practically eliminated. In the absence of statistics I believe we may reasonably conclude that modern surgical technic since the advent of the aseptic era has already greatly diminished its occurrence. I desire, therefore, to emphasize the necessity for extreme care in the treatment of scalp and skull injuries.

It is a long stride along the pathway of surgical progress from the time when a scalp wound was treated by tying the victim's hair across the bleeding gash to the present-day methods in the same class of cases.

Briefly summarizing, I claim that every scalp wound should be treated from the standpoint of its possibilities for evil—both present and future. Nothing should be taken for granted, and no flaws in technic tolerated. Thorough shaving of the area adjacent to the injury, rigid asepsis secured by clean hands, sterilized instruments, dressings, etc, and a cleansed scalp are essentials that should never be omitted.

The examination of the wound should be thorough and convincing. Where doubt exists as to the occurrence of a skull or brain lesion, the doubt should be converted into a certainty under general anesthesia. No surgeon who values his reputation and appreciates his responsibility can afford to take chances. It is a simple matter to enlarge a wound already existing in the scalp, or to cut down on

the skull and raise the flap for ocular inspection, and digital exploration, and this is the means to arrive at an exact diagnosis. When such an examination discloses a skull fracture the surgeon will then be ready to deal with it aseptically, accurately and skilfully, according to the dictates of modern surgical procedure. This epitomizes my ideas as to the prophylaxis of traumatic epilepsy.

When called on to attend a case of this condition it is useless to waste time on vain regrets as to what might have been done to prevent it. The case is before us now for consideration and treatment. The first point to elucidate is the history of the injury, the time elapsing since its occurrence, and the exact location of the scalp and skull lesion. Frequently there will be found a depression in the skull beneath the cicatrix in the scalp. Sometimes the scar is tender, and pressure on it may produce a fit. This is more likely to occur in recent cases than in those of long standing. A moderate number of cases have been reported where simple excision of a scar in the scalp has resulted in a cure of the epilepsy. In these cases there was no evidence of skull injury when the bone was laid bare. They serve to emphasize the importance of operation to remove the exciting cause, whether it be in the scalp, skull or brain. If a scar in the scalp can produce such a violent reflex neurosis, how much greater must be the reflex irritation when the delicate structure of the brain is impinged upon by a depression of the skull !

After excision of the scar in the scalp, when the skull appears normal, should the epileptic attacks continue, it is still justifiable to trephine provided the fit affects the group of muscles corresponding to the motor area at the site of the scalp wound. There may have been a fracture limited to the inner table of the skull, which is a constant irritant to the dura,

I found this to be true in one of my own cases. A negro boy of fourteen was hit on the side of the head with a rock in a street fight. This was followed in a few hours by paralysis of the arm of the opposite side. The only visible evidence of injury was a small hematoma where the rock struck. Nevertheless preparation was made for a complete brain operation, and under general anesthesia

a large flap was raised, exposing an apparently normal skull. With a small trephine and rongeur forceps a section of skull directly over the motor area for the arm was removed, the under surface of which showed a fracture of the inner table, through which sufficient blood had exuded to form a good sized clot. The pressure of this on the brain, together with the irritation from the serrated edge of the fracture, had caused the paralysis. The patient promptly recovered.

In discussing the operative treatment of traumatic intracranial lesions, Charles Phelps in the *N. Y. Medical Journal* says that even the suspicion of a simple fracture, as in hematoma with or without concurrent symptoms of intracranial lesion, demands exploratory incision. "The danger of an exploratory craniotomy under aseptic conditions is scarcely greater than that of the incision. If the latter reveals only an open fissure, the probability of comminution through the inner table with possible depression is still sufficient to require deeper exploration."

In an article in the *Journal of the A. M. A.* on the immediate and remote effects of brain injury, D. S. Fairchild reports nine cases and concludes as follows: "Violence of no great intensity applied to a limited skull area may cause a fracture with only temporary displacement with a rupture of a meningeal artery, or a rupture of an artery without fracture. A fracture may occur without apparent displacement, yet a real localized pressure on the brain exists which may cause irritative changes involving a more or less extended sclerosis and remote secondary results as epilepsy or mental impairment.

A. Saenger in *Centralblatt für Chirurgie*, 1902, *Supplement*, believes in palliative trephining and reports eleven cases of cerebral tumour, in ten of which relief was secured by this procedure with opening of the dura. In the discussion Bergmann stated that the operation was not new, having been recommended long ago, especially by Horsley.

C. J. Aldrich, in *Annals of Surgery*, May, 1902, reports two cases trephined for symptoms of intracranial disease. One was cured, the other markedly benefited. Yet, in neither case was a brain

lesion found. He attributes the results to (1) relief from intracranial pressure, and (2) a marked psychic effect.

These references clearly indicate that the absence of an apparent external skull lesion does not warrant the conclusion that there is an absence of injury within the cranium. On the contrary, they confirm me in the belief that the skull should always be opened when there are focal symptoms at the site of an old injury to the head. It is certainly a reasonable inference, when the epileptic fit is limited to the muscles corresponding to well-known motor centres, that there is a brain lesion at that point. A policy of non-interference promises no relief. There is a chance of finding and removing the source of the irritation by opening the skull. Why not give the patient the benefit of the doubt? I am referring to cases where there is evidence of trauma in the scalp, with no apparent skull injury, where excision of the scalp cicatrix alone has not relieved the epilepsy.

Of course if there be found a depression in the skull, it is our plain duty to trephine and enlarge the opening sufficiently to thoroughly examine the brain and remove the depressed bone. The dura should be opened and the brain inspected. If a scar in the brain or dura be found it should be excised completely. The incisions in the brain substance should be made antero-posteriorly to avoid removing portions of other motor centres which lie above or below the one involved. Bleeding vessels should be ligated with catgut. Pressure from gauze wrung out of hot normal saline solution will control capillary hemorrhage. In many cases no apparent lesion of the brain will be found—only a thickened bone whose constant unyielding pressure has been the source of the trouble, and whose thorough removal relieves it. The cleft in the skull may be very neatly closed by a piece of celluloid cut to fit snugly on the inner table after beveling off the external plate. The periosteum is then stitched over the celluloid, having been preserved for that purpose.

A recurrence of the epilepsy after operation may mean that the operator failed to go far enough. Murphy very clearly sums

up the matter in *Practical Medicine Series* for November, 1902, when he states :

"In trephining for epilepsy, the sequence of depressed fractures of the skull, it is important to resect large areas of the dura, as clinical observation as well as experimentation show that irritation or infiltrations of the dura frequently produce epileptic convulsions. Where a spicula of bone has irritated the dura for a considerable time, it is not sufficient to remove the cause, but the effect ; the altered tissue of the dura should also be removed. A striking example of this class, a patient, suffering from traumatic epilepsy, had a depressed fracture removed, and two subsequent elevations made within a period of three months. Each time the disease returned. In the fourth operation a larger osteoplastic flap was re-elevated ; excision of the dura two inches in diameter (dura infiltrated and over one-fourth inch thick) ; osteoplastic flap returned ; complete cure. Fourteen months have elapsed ; patient has returned to his studies, and he has not even had a headache, from which he suffered during ten years preceding operation."

It seems to me that this case reported by so eminent an authority as Murphy very strongly argues for surgery—bold and fearless surgery—in the presence of a case of traumatic epilepsy.

My experience in operating for this condition is limited to two cases—certainly not enough upon which to base conclusions. Yet as the operation is comparatively rare and the subject of brain surgery has been relegated to the rear since the abdomen has protruded so largely in all medical meetings (the brain usually shrinks as the belly advances), I will briefly report my two cases. To my surprise I noted in 1907 bulletin from St. Mary's Hospital, Rochester, Minn., that in over 5,000 cases operated on by the Mayos there was only one of trephining for epilepsy. This case was cured, the defect in the skull being covered with celluloid.

Case I. My first case was that of a young lady residing in an adjoining town, who was wounded by a negro boy. He crept into her bed-chamber at midnight, attacked her while asleep, and when she rose up, assaulted her with a hatchet, inflicting an ugly wound

in her forehead. Her screams alarmed him and he fled at this juncture. The nervous shock of such an experience, together with the physical pain of the wound, produced a very great impression on the patient's mind and she was quite ill for several days. The wound was hastily sutured by the physician who was called, and left a very large painful cicatrix, which was adherent to the bone and was the source of constant distress. In a short time the patient began to have epileptiform seizures at frequent intervals, and I was called to see her in consultation with two other surgeons. We operated under general anesthesia, dissected out the cicatrix entirely, freed the attachment to the skull, released the supra-orbital nerve, which was included in the adhesions, found no injury to the skull, and secured primary union in the scalp wound. There was no further pain or nervous phenomena and the patient has been in good health for more than two years.

Case 2. R. J., colored, aged twenty-three, of Henderson, Tenn. About two years before I first saw him he was struck in the left fronto-parietal region with a lump of coal (during a fight), which produced a compound fracture of the skull with depression of the bone. He had practically no treatment and the scalp healed over the depressed skull. About one year afterwards he began to have epileptic attacks which had increased in frequency and severity up to the time I saw him in March, 1908.

Operation was advised and accepted, and on March 5, 1908, assisted by several local surgeons, I did a craniotomy with the aid of a mallet and chisel, several trephines and a De Vilbiss rongeur. It was undoubtedly the hardest, thickest skull I ever opened. After trephining alongside the edge of the depression I had to chisel away a half inch of the external table before I could engage the blades of the rongeur, and then it was with much difficulty that the thickened hardened bone was removed. After succeeding in removing all of the depressed portion and making an opening one and a half by two inches, the dura and brain were carefully examined and no lesion found. The defect in the skull was then closed with celluloid fitted to rest in a bevel made from the external table,

and the periosteum, which had been carefully dissected away and left attached at one side, was sutured over the celluloid. The scalp wound was then closed, leaving a very small drain from the brain surface outward through a hole in the middle of the celluloid and the centre of the flap. The edges of the wound healed by first intention, but the drainage continued through the small opening in the centre of the flap. When the tube was removed, after waiting six weeks for the fistulous tract to close, I decided to reopen the wound and remove the celluloid, which evidently was an irritant to the tissues. (In the mean time I had discovered by close questioning that the patient was a syphilitic and had taken treatment only three months.) The celluloid was extracted under cocain anesthesia and the patient placed on mixed treatment for syphilis.

The wound healed entirely in ten days, but on the eighth day after removing the celluloid, when he came to my office for a dressing, I found him with a high fever, difficult breathing and a keen pain in his right side. He had a severe attack of pleuropneumonia which lasted two weeks and was followed by an empyema, which came very near ending fatally. His condition was so grave, with weak heart and rapid respiration, that I opened the chest under local anesthesia (one-fifth of one per cent. cocain solution) and rapidly inserted a tube in the cavity, evacuating a large amount of exceedingly offensive pus. The patient improved rapidly after the last operation, which was done May 21, and I dismissed him June 12, when he went home. Since returning to his home on the farm, he has been engaged at hard work all the time, and a report from him October 30 states that he has been in perfect health ever since his recovery from the empyema and has had no recurrence of the epilepsy. It is now eight months since the craniotomy, and I believe we may justly claim that he is cured.

—*International Journal of Surgery.*

SMALLPOX.

Smallpox or Variola is a dangerous disease. Apart from its deadly nature, it is a most distressing malady known. It

victims though cured, become in after life quite a changed person in every sense of the word.

It is described by an English author with the following words :—"The smallpox always prevailed, filling the churchyard with corpses ; leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling, at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to the lover."

It is a formidable disease ; there is not a shadow of doubt. It has been prevalent in this country from a long time ; so it has been considered as a dangerous goddess and a messenger of Death—the god Yama. It has been therefore a practice to give various offerings to the deity of smallpox to appease her wrath and save children from its dire ravages. From all these superstitious ideas our people from ancient times refrained from using therapeutic measures for the cure of smallpox. It is for this reason the resources to combat smallpox are insignificant and clumsy. We now see a few Baidis or unlettered people handling smallpox cases and often with unsuccessful results.

We, homeopaths, though armed with very best therapeutic agents in our command, cannot get sufficient cases from the above prejudices of the people. Fortunately for our patients we have lately created confidence in treating smallpox cases as we are given some chance. From what we saw by experience from the epidemic of a decade hence, we are bold to say that homeopathic treatment is very successful in smallpox cases.

I will narrate to you a few instances in my practice which go to show how strong is the prejudice in administering medicines in this disease. About ten years ago we had a very severe epidemic of smallpox in the Northern part of our town

and the death rate was very heavy. In a wealthy house in my neighbourhood in Cornwallis square there was a bad case of smallpox ; we wanted to treat the case but the father of the youthful patient was prevailed upon not to give medicine lest they invoke the wrath of the goddess. So no remedy was given and the patient died in a few days. His son a young child of four summers got the disease in a virulent form and was treated by myself and my brother-in-law the late Dr Aghor Chandra Bhaduri and he made a beautiful recovery. From that date we got many cases in that quarter and almost all of them recovered.

About eight years ago my youngest boy got a very serious type of smallpox. When we began treating him an elderly lady, a friend of my neighbourhood, came and insisted on my wife not to give any medicine as that will incur the displeasure of the goddess. She said "it is mother goddess's wish." I told her that the medicine I am giving is the reward of the Almighty Father. So you see there is a strong superstitious belief among our people against treatment of smallpox. The child was treated and got well.

There is another class of people in this country who are more rational. But they have some prejudice that treatment of smallpox is attended with no good result, on the contrary is always harmful. So it is better to keep such patients without medicines. A friend and colleague of mine remarked the other day that unless we got cases, how could we show the efficacy of our medicines ? He is right but by patience and perseverance we will be able to bring people to our side and submit such cases to homeopathic treatment.

I cannot blame the people for keeping smallpox patients without medicine, because allopathic and other medicines are decidedly injurious in their effect upon such cases. It is certainly otherwise with homeopathy. We must try our best

to induce people to give us cases and by ultimate cure we can gain their confidence.

Our first duty then is to ascertain the true nature of the disease, I mean a proper diagnosis of the case. In the first stage of the disease it is almost impossible to diagnose the case; even when eruptions appear, it is difficult to say whether it is smallpox or something else. I generally rely upon the shotty feeling by gently pressing on the surface of the skin. Of course you must also consider the time when smallpox is prevailing besides the high fever, flushed face, pain in loins and vomiting.

I remember an instance where I was in doubt about the true nature of the case. A young colleague of mine pronounced decidedly that it must be a smallpox case. His diagnosis came true and the family got a high respect for my friend. But I must warn you not always to venture in that way. In another case a reputed and experienced colleague of mine pronounced a case to be undoubtedly of smallpox but it turned out to be roseolar eruption simply. So utmost circumspection is always necessary.

It is superfluous to narrate all the symptoms and signs of smallpox as you are all very familiar with them. So with your permission I now pass on to the most important part of our discourse—the treatment of smallpox. And at the outset we should consider the prophylactic—preventive of the disease. From time immemorial inoculation of the smallpox virus was thought to be the true preventive of smallpox. From the danger this procedure is sure to bring about inoculation was abandoned and vaccination took its place. About the merits and demerits of this new method of introducing cow-pox virus into the body we shall consider later on. Now we have to think about the internal remedies for the prevention of smallpox. Some of our homeopathic remedies are

said to be the true preventive of this disease and among them Antim Tart, Malandrinum, Saracenia purp., Vaccininum, Variolinum deserve some attention.

Antim Tart has been used by homeopaths from a long time as an antedote to smallpox. This medicine is known to produce variola like eruptions when applied on the skin and even after taking the medicine internally for sometime.

Malandrinum is known to infect cows by this poison from horae. Dr. Clarke in his *Materia Medica* says that this assertion is to some extent confirmed by the experience of homeopaths who have found in Malandrinum a ready efficient protection against infection with smallpox and against vaccination. We have repeatedly verified the protective power of this remedy in our own practice. Even in this year we have given it in many cases and with invariably good results. I gave it to a young girl, one dose of the 200th potency one morning. A few days after the girl got high fever, pain in the loins, vomiting and flushed face. I expected a virulent form of smallpox in this case but only a few eruptions appeared on the face and thigh which were ultimately cured in a few days. A very mild form of the disease made its appearance here.

Another young man had one dose of Malandrinum high and though he got the disease, it was of a very mild form. In many cases people escaped the disease.

Sarracenia is vouched for as a preventive in smallpox. In my earlier years of practice I made use of this remedy with some success in cases of smallpox as well as a preventive. Dr. Clarke says of it in the following words:—The use of Pitcher Plant in smallpox is a discovery of the Indians of North America; the spotted appearance of the plant probably suggesting a resemblance to the disease. Hale has collected much confirmatory evidence of its power to antedote the small-

pox poison. A proving of T. C. Duncan Thomas and others brought symptoms of fever, backache, headache and gastric disturbance. Hering quotes these instances of its action : (1) A woman far advanced in pregnancy was cured of smallpox with Sarracenia 3, 6 and 9, delivery being happily accomplished during her convalescence, the infant bearing on its body numerous red blotches indicating that it had been affected with the disease. (2) An infant a few months old was attacked with a grave form of smallpox, with varicellous angina so severe that it was with difficulty it could take the breast ; the mother took Sarracenia 3, 6 and 9, and continued to nurse the infant which promptly recovered, the mother not taking the disease. (3) In an epidemic occurring in the environs of Wavre Sara was given to two thousand persons living in the very middle of the disease and coming in constant intercourse with it, but all who took Sarracenia escaped; during the same epidemic two hundred cases were treated with Sarracen without a death.

Bilder who used IX tincture in an epidemic with success, concludes that Sarracenia is to smallpox what Gelsin to bilious fever. Hale quotes Surgeon Major C. G. Logia's (allopath) account of his experience with Sarrac (decoction probably) in smallpox : "four of the cases in my hospital have been severe confluent cases. They have throughout the disease all been perfectly sensible, have had excellent appetite, have been free from pain and never felt weak. The effects of this medicine which I have carefully watched, seemed to arrest the development of the pustules, killing, as it were, the virus from within, thereby changing the character of the disease and doing away with pitting."

So from all these authoritative assertions, we may easily conclude that Sarracenia is pre-eminently a remedy for smallpox as a preventive and curative in its action.

We now come to the two most important remedies as preventive and curative, derived from the poison of the disease in bovine and human beings. They are Vaccinum and Variolinum.

Years ago when smallpox raged very virulently in this city I wrote in the Indian Mirror and other daily papers in Calcutta that if vaccinum prepared according to homeopathic method, be taken once a week, there is no possibility of an attack of smallpox. It acts as a preventive. It was taken by many and on enquiry I learn from many that those who took it escaped the disease. I give the sixth decimal potency. In subsequent years it was also taken as a preventive and in most cases with good results. It was Hering, I believe, who first advocated the use of this remedy as a prophylactic of smallpox. In an epidemic of this disease at Philadelphia he gave this medicine to nearly five hundred persons and none of them contracted the disease.

It is also a very useful remedy in cases of smallpox. Morrison relates the case of a child, aged six months, whose severer symptoms of variola were relieved by vaccinum 200. Variolin was also used by Swan and many others as a preventive and curative of smallpox. We have used the higher potencies in single doses very frequently with satisfactory results.

P. C. MAJUMDAR, M. D.

IS ADENOID CURABLE ?

A general cry for surgical interference is now the order of the day, even homeopaths are not excepted. It may be excused in allopaths as they know or recognise very little about the dynamic nature of diseases. Hahnemann in clear language enunciated that diseases are nothing but derange-

ment of the vital force. Then how in such cases surgical manual means are capable of eradicating the disease in its entirety.

We have varied experience with the treatment of so-called surgical cases with medicines internally administered. Here are two cases of adenoids which were beautifully cured by internal medicines alone. In both cases the family physicians who were allopaths advised the parents of the patients to have recourse to surgical operation without which they said nothing could be done.

I.

Miss. R.—, a plethoric young girl of ten summers, had been subject to cold and catarrh for a long time.

Nose stopped at night.

In the morning running from the nose of a thin, bland, watery fluid, sometimes there was thin and yellowish mucus running out of the nose.

Bowels generally constipated, more so when there was a fresh cold. She could not eat well, and on taking food had to breathe deeply as if suffocated.

On physical examination the mucus membrane of nose seemed thickened and red.

There was an adenoid growth of the size of a small almond at the back of the nose, thick and somewhat hard.

Girl irritable and fretful, more so when cold and running of fluid from nose came on.

There was a heavy headache in the morning after rising from sleep. Night's sleep was generally disturbed, but some drowsiness in the daytime especially in the afternoon.

Nux vom. 30, morning and evening for four days followed by placebo for one week.

The patient was at first looking lively and there was less

Catarrh and difficulty of breathing. No more medicine was given and she continued to improve in health.

Suddenly a day or two before new moon she got an acute attack of catarrh followed by feverish symptoms.

Arsenic at first subdued the cold and fever, but subsequently symptoms mentioned above were aggravated.

Calc. c. 30 every morning took away all other complaints promptly. The mother of the patient told me that she used to get this kind of fresh cold at the change of the moon, especially during new moon.

I advised Calc. c. 200, one dose every week, to be continued for sometime. I did this because the mother took away the girl to a hill station during summer.

I saw the patient a year after completely cured ; no trace of the growth was left and the girl was hale and hearty, and much improved in general health.

II.

Master P., a tall boy of eight years, of delicate constitution and subject to cold and catarrh, was brought to me by his parents who were neighbours of mine in December 1904. They resided in Simla, so the boy often suffered off and on from catarrh of nose and sore throat.

On examination I found both tonsils were enlarged and on introducing my fingers high up a small nodular growth was discovered at the back of the nose.

The boy complained of pain in the throat; difficult deglutition and nasal obstruction. Breathing through the nose greatly impeded and stoppage of the nose. In Simla the parents were advised to have an early operation performed as there was nothing in medical science that could cure the patients—the doctor's candid opinion.

Calc. Iod. 30 one dose every morning for one week and no medicine the next week. He had catarrh of the nose once

in the beginning of January for which *Alium Cēpa* 3x was given. This cured the cold soon.

Calc. Iod. 200 one dose every week followed by placebo during the interval cured the patient in two months.

I saw the boy next year in the cold season quite hale and hearty, no remnant of the growth being left.

III.

A boy, seven years old, was brought to me by his father who was then a Deputy Magistrate of Dacca for treatment. The boy was diminutive in size and, though once robust, was very much pulled down by frequent attacks of cold and catarrh. There was no history of any hereditary illness of a specific nature. He had malarious fever before but not of any consequence.

The father of the patient could not stay here long as he was a Government servant, so I prescribed for him and he took the medicine and went away.

The boy suffered long from chronic catarrh of nose and stoppage of nose and difficult breathing. He was not a very bright young fellow and was irritable in nature. Discharge from the nose was thick and of dirty yellow color. There was enlargement of both tonsils and big adenoid growths in the posterior part of the nasal cavity.

The medicine I gave was *Baryta c* 30 one dose every morning on empty stomach. I advised him to take nourishing diet and a warm bath every third day. I got the report after a month that a wonderful change had taken place in his general health and also of catarrhal condition.

An occasional dose of the medicine was given and the boy made a perfect recovery in four months.

P. C. MAJUMDAR, M. D.

WHAT IS THE PRACTICE OF MEDICINE ?

The practice of medicine has immemorially co-existed with the human family. Amongst the earliest traditions of the human race the "medicine man" figures prominently. In the literature of the present day the wonderful accomplishments of medicine occupy no inconspicuous place. Why, then, after an existence of thousands of years, after an evolution that has been characteristic of civilization itself, should such a question be asked as that which stands above written ? With such a history as medicine boasts, has not the question "What is the practice of medicine ?" been answered thousands of times ? Are there not simple and clear definitions acceptable to all ?

It is a curious reflection on medicine itself, as on the wisdom of the ages, that no practical and satisfactory definition of medicine has been made and accepted. That is, the *Gazette* has been unable to find a statutory definition that can be legally applied. Are the difficulties in the way insurmountable ? Is the task impossible of execution ? If there be such a thing as the practice of medicine its definition certainly cannot be impossible. If the definition be difficult,—then in the interests of society, it is high time the difficulties were overcome.

The antiquity of medical practice ; its universality throughout all time and among all people ; its increasing importance and effectiveness ; the steadily augmenting volumes of legal enactments concerning medicine ; all demand that a statutory definition be phrased as a prerequisite to modification of existing laws or the enactment of new statutes. When judges disagree who shall decide ? At the present time, in such a state, for instance, as Massachusetts, a judge may decide that a midwife is not practising medicine, and another judge will decide that said midwife is practising medicine. One judge will decide that an osteopath is not practising medicine; another one rules that he is. And neither judge has statutory definitions to use as a foundation for his opinion, but is governed so far as we know by his own sense of the fitness of things.

An elaborate machinery exists in practically all the states of the Union for testing the qualifications to practice of graduates of medical schools, and laws controlling medical practice are now voluminous. Boards of health and state legislatures, examining and licensing boards are supposed to be familiar enough with medical practice to make the laws which regulate it. Councils on medical education have been formed in connection with various national medical associations, and much time is spent in formulating a medical curriculum and in establishing minimum requirements for matriculation into medical schools and for graduation therefrom. And yet where shall one look for an exhaustive, authoritative, statutory definition of the practice of medicine ?

Is any one justified in asserting that charlatanism is less rampant to-day than it was in 1890, when the agitation concerning medical laws was so well under way ? As far as statistics are concerned it may not be possible to state definitely whether or not charlatanism is increasing or decreasing. But the *Gazette* ventures the opinion that what is recognized as charlatanism is more prevalent to-day than it yet has been in the history of our country.

It is not to the credit of our civilization that elaborate laws should be enacted to regulate the practice of medicine, before the practice of medicine itself has been clearly defined. But for its serious aspects it would be considered farsical to legislate for or against an undefined something, as is the case with our medical laws. The confusion that exists is practically due to the fact that it is not sufficiently recognized that the practice of medicine is simply an Art; but an Art, the usefulness and success of which is absolutely dependent upon knowledge, *i. e.*, upon fundamental medical sciences. It is unnecessary to review the evolution of the practice of medicine to establish this point. But it would be easy to demonstrate that with the advancement of knowledge concerning anatomy, physiology, pathology, bacteriology and the allied sciences, there has been an equal advancement in ability to prevent and cure diseased conditions. A quotation from Plato reads :—

"And I said of medicine, that this is an art which considers the constitution of the patient and has principles of action and reasons in each case."

There would be less confusion possible if a line were to be drawn separating the Art of Medicine from the Medical Sciences. The simpler a definition, the more concrete the idea, the better, and the simplest definition of medicine that the *Gazette* has been able to obtain or formulate is a slight modification of Plato's. For instance, the *Gazette* would say that "medicine is the great and beneficent Art of Healing" (an Art which is founded upon and is necessarily subject to modifications in accordance with the acquisitions and modifications of the medical sciences and of general knowledge.) The definition is brief ; it is simple ; it is elastic ; it is concrete and comprehensive, and the *Gazette* suggests that its general adoption would vastly simplify existing medical laws and questions.

With this definition as a guide, for instance, a practitioner of medicine would be simply as one who practises the art of healing. The method made use of in the healing or the treatment need have nothing to do with the definition. For example, a person who in a case of indigestion attempts to restore a physiological equilibrium of his patient might confine his efforts to modification of diet ; to the use of digestive ferments ; to the use of physical exercises or massage ; to the application of electricity ; to the use of drugs ; to psychic influences ; to surgical operation ; or might make use of a combination of influences ; and in any or all of these instances, the practitioner might be treating the case according to his best knowledge and judgment. At all events, he would be treating the case, would be making an effort to heal and would, therefore, under our simple definition be recognized as a practitioner of the art of healing.

To make a single prescription would not constitute one, any more than it does now, a practitioner of the art of healing. But one who is devoting any considerable part of his time and energies in treating sick people, who pretends to the possession of sufficient knowledge and ability to treat sick people, or who habitually prescribes treatment with or without the ultimate expectation of compensation is a

practitioner of the art of healing. He may know nothing of anatomy, physiology, pathology or diagnosis. He may ignore these things, but if he habitually attempts to heal, or advertises, or sets himself up as a healer, whether he uses drugs or mechanical appliances, or any form of psychic treatment, or surgical methods, he should be classed as a practitioner of the healing art, or as a practitioner of medicine; and share, to the full, all responsibilities assumed by or imposed upon the practitioner of medicine.

A person may have had all that the schools can give him in the way of education, may have had extended hospital experience, and be generally well equipped to practise medicine. He may have passed state examinations and received a license to practise, and yet he should be legally no more a practitioner of medicine, that is, a practitioner of the Art of Healing, than, for instance, a clergyman who possibly has made some study of psychology and is habitually making efforts to restore sick people to a state of health; even though it be not his only vocation;—or than the Christian Scientist who ignores the existence of disease, and yet practically acknowledges its presence in systematic efforts to remove it and restore sick people to health.

Undoubtedly the definition offered invites objections and criticisms. That is one reason for its presentation at this time. One objection easily thought of is that preventive medicine is not included, as is the case in the excellent definition found in the Century Dictionary where one reads that "Medicine is the Art of preventing, curing and alleviating disease and remedying as far as possible the results of violence and accident." In reply to such objection one might say that preventive medicine—the prevention of diseases and limitation of epidemics—is to a great extent the vocation of hygienists and sanitarians who are not and need not be practising physicians, *i. e.*, healers of sick people. Boards of health, state or local, are not always composed of medically educated people, as witness the recent appointment of John Ratchie as Commissioner of Health by Mayor Hibbard. Preventive medicine, or the idea of preventing, as found in the Century's definition, while unquestionably

a privilege and duty of the practitioner of medicine, may properly be omitted from a definition of medicine.

Another objection might be urged that the definition does not include sufficient recognition of the various means utilized in the Art of healing ; but surely nothing is gained by including in the definition an enumeration of the methods or influences successfully or otherwise made use of in treating sick people. For—and this has been one great stumbling block in the formulation of a definition—these methods and influences have varied and are bound to vary with the adoption or abandonment of theories and methods, and with discoveries in medical and general sciences ; nevertheless the healing Art continues from generation to generation manifesting a steady development in power and effectiveness. It might be objected that nursing is not specially included in the definition. The nurse, though a most important adjunct of the practitioner, carries out a treatment outlined by the practitioner, and technically can be considered a practitioner of the Art of healing only when she independently assumes the responsibility of prescribing a treatment. Technically the nurse is no more a practitioner of the healing Art than the pharmacist who compounds a prescription.

Some might object that the pharmacist under the definition is a practitioner of the Art of healing ; but the objection lacks technical and logical support , for the pharmacist's function is to compound prescriptions and sell drugs, "sick room supplies," medical appliances and so forth as demanded by the customer. He becomes a practitioner of the healing art (of medicine) only when he habitually prescribes for sick people—emergency prescribing and emergency aid nowhere constitute one a practitioner.

The highly specialized art of dentistry, founded though it be on medical and mechanical sciences and chemistry, need not present any obstacle to the acceptance of the definition offered ; for dental surgery has obtained legal recognition as a specialty, and the qualified dental surgeon may be considered a specialist in the art of healing.

Some facetious critic might object that the "corn-doctor" under

the definition must be recognized as a practitioner of the healing art, but his vocation being chiefly cosmetic, and only to a very slight extent remedial, it would be straining the point unduly to insist on recognizing chiropody in a definition of medicine.

What consideration in the formulation of a definition of medicine shall be given to the optician who prescribes glasses for defective vision, which may or may not be due to or complicated by disease ; to the maker of boots to overcome the evils of "flat foot" and other deformities ; to the teacher of physical culture who possibly prescribes "corrective gymnastics ;" to the masseur, the balneologist and others who hover about the outskirts or make incursions into the broad and enticing fields of medicine ? What recognition in the construction of the desired definition shall be given to the D. O.s (Doctor of Osteopathy), Christian Scientists, clairvoyants, non-medically-trained dealers in any and all forms of psycho-therapeutics, faith-cures, prayer-curers and other forms of healers ?

The *Gazette* would claim that all these considerations are side issues—are of secondary importance. The main issue is, What is medicine ? What is the practice of Medicine ? And the *Gazette* would insist that Medicine is the great and beneficent Art of Healing ; an Art founded on medical and general sciences.

The question, who shall be allowed to practise Medicine, is a secondary issue and can be answered logically only when the primary question is settled. In all our states and territories, in fact universally so far as we know, medical legislation has ignored this question. In the familiar phrase the cart has been put before the horse, and though in this case the transposition may be accomplished with difficulty the transposition must be made before rational legislative enactments can be secured. Medical reciprocity, unification of medical laws, the limitation of charlatanry, the great subject of medical education, are subjects yet unsettled, and are subjects that insist upon a hearing and rational consideration.

The *Gazette* invites a discussion of the question 'What is Medicine ?' and offers the above as a contribution to the discussion.

— *The New England Medical Gazette.*

NOTES

Village Sanitation.—In this country the sanitation of villages and small towns is very much neglected now-a-days and the people generally both rich and poor are eager to live in big towns and cities where they think they have all sorts of comforts. In this way villages have been deserted and very little care is taken of their sanitary arrangements; even the natural healthy conditions of them are not taken advantage of.

In former times people made their own arrangements for pure and unadulterated water supply, houses were built with sufficient supply of pure air and sewer passages were almost natural. There was no taxation for all these works but the people willingly put themselves to work and paid for them. There were religious obligations underlying these useful works.

We are doing a great mischief by leaving the villages for good and taking to a city life. Our duty now is to look to the sanitary conditions of these villages and the general sanitary condition of the whole country will be materially improved.

The special sanitary measures to be adopted to improve the conditions of these villages we shall revert to on a future occasion.

Calcutta Homeopathic Society.—This useful institution was started three years ago and has been doing useful work all the time. Discussions on various medical subjects, improvement in the condition of homeopathy in this country and various other allied subjects have been carried on by its members. But we are sorry to record the lukewarmness of some of its senior and able members. They are more or less conspicuous by their absence. As English language is foreign to us, so there is a rule that those who do not speak very well in

English can do so in our own Vernacular. We hope under the new management it will assume a brighter aspect.

Dispensing and sale of homeopathic medicines—With great regret we have to allude to this subject. Homeopathic medicines are being sold at ridiculously low rate of charges, so there is every chance of spurious and bad stuffs being put in circulation. No reliance can be placed on such preparations and we know positively that such instances of fraud have been practised upon the public.

Our practitioners will be on their guard to deal with such worthless medicines and induce other people not to accept them as genuine medicine. Purity and carefulness in the preparation of homeopathic medicines are absolutely necessary for the success of our healing art.

Frequent bathing in cold water—Frequent bathing is often hurtful, especially in cold season. It causes cough and cold and has a tendency to weaken the general constitution and brings on a lethargic condition which is a source of many diseases.

Carrier Pigeons—From a lay contemporary we learn that carrier pigeons as aids to country doctors are used in the north of Scotland. A doctor who has a scattered practice; when on long rounds takes several pigeons with him. If one of his patients needs medicine immediately, he writes out a prescription, and by means of the birds forwards it to his surgery. Here an assistant gets the message, prepares the prescription and despatches the medicine. If after visiting a patient the doctor thinks he will be required later in the day, he simply leaves a pigeon with which he can be called if necessary. Doctors practising in the colonies may find it pay them to keep a few 'homers.'

Temperance—Teetotal enthusiasts are in high glee on account of the rapid increase in the ranks of total abstainers.

Another cause for jubilation is the decrease in the number of public houses and the increase of "gingerpop" shops where herb beer and other cooling temperance drinks are sold to small boys and reclaimed drunkards.

THE REPETITION OF THE DOSE.

BY "NICODEMUS."

Par. 245.—"Every perceptibly progressive and strikingly increasing amelioration in a transient (acute) or persistent (chronic) disease is a condition which, as long as it lasts, completely precludes every repetition of the administration of any medicine whatsoever, because all the good the medicine taken continues to effect is now hastening towards its completion. Every new dose of any medicine whatsoever, even of the one last administered, that has hitherto shown itself to be salutary, would in this case disturb the work of amelioration."

The above quotation is extracted from Hahnemann's *Organon*. Is it right or is it wrong?

Fortunately we have the means at our hand to test its veracity. We no longer, in medicine, accept the authority of any man, and Hahnemann was not the man who would ask us to accept his *ipse dixit*. He wished us to test his discoveries in practice. The writer, having put it to the test at the bedside, can state that he has found it to be true. It is as true as the law of similia, and is a natural sequence to it. Hahnemann instructs his readers to take the whole of the symptoms—the totality of the symptoms—find the correct simillimum, and give one dose, as minute as possible, and wait. The waiting does not mean that nothing has to be done in the meantime. Hahnemann's system is cast in too scientific a mould for us ever to be doing nothing. We

have to give a dose and wait until the amelioration has ceased. How do we know, this ? Simply by taking the totality of the symptoms again and comparing them with those we took before the dose was given. It is a case of scouting—of accurate observation. Nature will let us know when to repeat the dose just as accurately as she indicated the medicine which was to be given in the first instance.

The study of the case after the first dose has been given demands on the part of the practitioner just as great abilities and keenness as did the first anamnesis of the case and the selection of the correct simillimum. Several things may happen after the administration of the first dose, all of which must be correctly interpreted for the case to pursue its course to the most successful issue.

First there may be an aggravation of the symptoms. The physician's duty is to understand this phase in the case. He must not rashly conclude that the patient is worse and that the medicine must be changed. If he interprets the symptoms wrongly and gives another medicine when he should have refrained, the probability will be that he has placed an obstacle in the path of cure.

The aggravation may be a medicinal one. By what means can we tell the difference between a medicinal aggravation and an aggravation due to the evolution of the disease ? It is a very safe rule to follow that if the patient says he feels better in himself, *i e* generally, notwithstanding the aggravated symptoms, we may refrain from further medical treatment in the meantime. A patient may say he is worse when he means that his symptoms are worse, so we must inquire for this feeling of euphoria, or well-being.

Secondly, we may find that the dose we gave has had no effect. What does this mean ?

It may mean that we have not selected the simillimum.

This will compel us to reinvestigate the symptoms. It may also mean that something has antidoted the dose. Has the patient been using camphorated oil? Camphor is a well-known antidote, and will very often be found to be the cause of ill success in treatment. Other things can antidote the dose, such as coffee, tea, condiments, and even private dosing with such medicines as sweet spirit of nitre, compound tincture of camphor, and so on. Sometimes a change of potency will cause the remedy to act when we are convinced that we have selected the *simillimum*.

Thirdly, we may find that the dose acts for a short time only, and that we must repeat more frequently than we know from experience is necessary. This may mean several things. It may mean that we have only partially got the *simillimum*, and that a new anamnesis is therefore necessary. It may mean that we must either raise or lower the potency. It will be found that when we are dealing with an incurable case we have frequently to repeat the dose. It may also mean that we have not removed the cause of the disease.

These are some of the points in connection with the repetition of the dose.

We practise homeopathy, and yet if we look around many of the cases reported in the journals we will see plenty of evidence that this very obvious rule is entirely neglected. It is a self-evident rule, and I fear that the difficulty of its practice makes us often ignore it.

Hahnemann's whole scheme is so scientific and clearcut in its details that it is marvellous that it is so slowly adopted by the profession in general. Every one of his principles can be demonstrated to be a fact in nature, and this one of the repetition of the dose no less than the others. There is no guess-work at all. It is all law. The source of error is in ourselves and is due to our imperfection. Has Hahnemann

raised up too high an ideal for us ? Are his principles practicable in everyday life ? Have we tried ? Are we afraid of the work entailed by such accurate scrutiny of disease symptoms ? Are we content with something less, something which, after Hahnemann's ideal, is scarcely scientific ? If we are, let us bow our heads and acknowledge that we are not loyal to the Truth, that we are flying the wrong flag and are traitors to our colours.

—*The Homeopathic World.*

CALC. IOD. IN FATTY TUMOR.

Babu Hari Pado Biswas's son, aged 10, thin and emaciated was brought to me with a soft tumor in the back of his neck. The allopathic doctors said that it must be cut off. The father has strong faith in homeopathic medicine.

The tumor was of the size of a small lemon, and adhered to the skin very firmly but the contents were soft as if full of gummy water. It was gradually increasing in size.

I tried Silicea 30 and 200 for sometime without much benefit. In fact I was at a loss as to what to give as there was not much evidence of any symptom at all.

At last I gave him a phial of Calc. Iod. 30 with the direction that four globules to be given one morning every week. Three years after I had the satisfaction of hearing from his father that the tumor was completely cured by that medicine alone.

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সরল গৃহ চিকিৎসা।

গৃহে গৃহে হোমিওপ্যাথিক প্রচার উদ্দেশ্যেই এই পুস্তকখানি সরল ভাষায়, সুলভ শৃংখলা প্রকাশ করা হইয়াছে। এই পুস্তকে মৃতন ব্রতী চিকিৎসকদিগের জন্য আমরা প্রত্যেক পীড়ার নির্দিষ্ট ঔষধগুলির সচরাচর ব্যবহৃত ক্রম উল্লেখ করিয়া দিয়াছি। গৃহস্থ ও শিক্ষিত বাঙ্গালীর পর্য্যাপ্ত ইহা দেখিয়া সহজে তাঁহাদের সন্তানসন্ততিগণের চিকিৎসা করিতে পারিবেন। মূল্য ৬০ আনা মাত্র।

ওলাউঠা চিকিৎসা।

ওলাউঠা বা কলেরা অতি সাংঘাতিক পীড়া, হোমিওপ্যাথিক মতের চিকিৎসাই ইহার একমাত্র উপায়, বোধ হয় তাহা জনসাধারণকে আর বুঝিতে হইবে না। তবে প্রথম হইতে রীতিমত ভাবে চিকিৎসার আবশ্যক। সেই জন্য প্রত্যেক গৃহস্থের একখানি কলেরা পুস্তক ও কিছু হোমিওপ্যাথিক ঔষধ রাখা কর্তব্য। রোগীর শয্যাপার্শ্বে বসিয়া বড় বড় রাশি রাশি পুস্তক হাতড়ান অপেক্ষা ইহা হইতে অতি সহজে, শীঘ্র, রোগের লক্ষণ দেখিয়া ঔষধ নির্বাচন করা শ্রেয়ঃ। ইহার ভাষা অতি সরল। মূল্য ১/০ আনা মাত্র।

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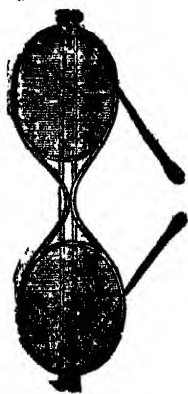
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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

Vol. XVIII.] FEBRUARY 15, 1909. [No. 2.

SMALLPOX.

Our late Health-officer Dr. Simpson very truly observed that variola prevails in an appalling degree every fifth year in Calcutta and this has been the case every time inspite of all the rigorous vaccination and other prophylactic measures adopted by our city fathers. This year the mortality has been unusually great. While plague and cholera have not been raging in such alarming proportions, smallpox seems to have made up for the number.

It is not our intention to deal with the etiology, pathology, diagnosis, prognosis and treatment of the disease in detail here. We shall content ourselves by narrating only such clinical factors, as have impressed us most during the course of our experience, particularly of the present epidemic. Contrary to the usual rule, this year there have been isolated cases in many families and this has not been due to the fact that the rest of the family have been vaccinated. Of course in two or three instances, I have noticed several cases in the same family. In one family there were three or four cases,

one after the other and that was inspite of vaccination. In fact a little baby about 9 months old got the disease very badly after vaccination and died from the effects thereof, while the other children who were not vaccinated at all got well. Although I have seen many instances where the disease occurred inspite of vaccination, I am of opinion that vaccination does afford immunity from the disease, at least for a time, if properly carried out under strictly aseptic measures and particularly at the proper time.

It seems to me that to enforce vaccination at a time when smallpox is raging badly, is not a very safe procedure. I think people should be vaccinated sometime before the epidemic makes its appearance and that does not seem to be very difficult here in Calcutta at least, because we know that the epidemic makes its appearance every 3rd or 5th year. It is always safe to take time by the forelock. Now I should like to say something about our homeopathic prophylactics. I think they sometimes render excellent service. Vaccinum is a preparation that has been used for quite a long time. I was myself quite partial to it for sometime but a few failures last year has made me lean towards Malandrinum, which up to now has been peculiarly successful in my hands. But still I cannot say that my experience has been long enough to enable me to discard the one and adopt the other exclusively. Variolin is another remedy that I think may be used with better results particularly when an epidemic is raging. It is also a very good thing to mitigate the ravages of the disease. It changes the whole aspect of the case. According to Dr. P. C. Majumdar its effects are wonderful when the throat is badly affected. It also helps to develop the eruptions when they do not come out properly. Sarracenia is another remedy that has been highly spoken of by Dr. Hale and others. In my opinion one remedy seems to be successful in one epidemic,

while another seems to be more suitable to the next and so on. We have to select a remedy for each epidemic almost.

In the treatment of the general course of the disease almost any remedy may be called for and I think the symptoms will guide in the selection of the remedy. Here as well as everywhere the totality of symptoms is our sole guide in the selection of the remedy, no matter what the disease. *Silicia* and *Thuja* are excellent things for the bad effects of vaccination. We know children frequently suffer from various ailments after vaccination and for these conditions the above remedies will be found very useful. Some one of our doctors called it Vaccinosis.

In conclusion I will refer you to a paper that appeared in the Indian Homeopathic Review for January, from the pen of Dr. P. C. Majumdar.

J. N. M.

Clinical Cases.

I.

Medorrhinum high in rheumatic pains — Syed Mofat Ali, a young robust gentleman, had an attack of gonorrhœa about ten years ago. He was treated in the usual fashion by injections and some mixture by an allopathic doctor. He was cured. A year or two after he complained of rheumatic pains in various parts of his body and when his urine became profuse and frequent, he got rid of this pain.

Since then he suffered off and on from pains and profuse urination. Urine was examined and found to contain a good quantity of phosphates and some pus and mucus. He said whenever he was heated from the sun and after night watching he used to get urging for making water.

When he came to me on the 1st of December 1905 he.

complained of intense pain in his both knees and ankles. There was also some swelling there.

Pain was of an erratic nature and worse when moving. Bowels regular and appetite good. No other complaints.

I gave him Medorrhin 200 one dose and placebo one powder to be taken every morning and told him to report after a week. From the next day he perceived considerable improvement about the pain and swelling. Now he could walk more easily and sleep well at night.

There was some yellowish thick pus-like discharge from the urethra and urging in making water which was profuse and frequent.

I continued placebo for another week and improvement was persistent ; only that gonorrhœal discharge still continued.

Two weeks after I gave him another dose of Medorrhin 200 and the patient improved fast. In fact in the course of two months he was as hale and hearty as he had been when he had not had the attack. His frequent and copious urination was stopped also.

II.

Carduus mar in hepatic colic—Roy K. ... Bahadur, aged 65, plethoric and fat, came under my treatment for a severe and paroxysmal pain in the right side of his abdomen on the 5th December 1905. Pain was unbearable, aggravated by pressure and by tying on the left side. It was so intense that he was insensible for sometime. It was stitching and lancinating in character. When pain subsided, the part was sensitive to pressure.

• There was jaundiced appearance of the eyes. Slight feverishness and dull headache ; bitter taste in the mouth ; nausea and vomiting of bile ; stools soft and of ash-grey color, some colic before passing stools. Urine scanty and high colored.

The doctors diagnosed the case to be hepatic colic, gallstone and congestion of liver. Allopathic treatment could not help him. Bryonia was given by a local homeopathic physician and there was not much improvement.

I prescribed *Carduus mar* 3x every four hours during the height of pain. In twelve hours' time pain subsided a great deal and other symptoms were mitigated. In two days' time he was perfectly cured.

He remarked that this pain always troubled him from time to time. So I gave *Cradeus* 3x pills to take whenever there was any sign of a relapse. I recently had an occasion to meet him and he said he had been free from pain since his last cure.

III.

Pulsat. in sterility.—Babu R. Ozha's wife, a fair-looking girl, aged 24, of strong physique, was placed under my treatment for menstrual irregularity and sterility. Menses generally late, pain during menses. Flow scanty at first but fair quantity on the 4th and 5th day. Color black. It was not clotted.

The husband was very sorry that no child was born and she was to remain barren. She was treated by various methods and many physicians without any benefit.

Pulsat 30 was given her, morning and evening for one week and no medicine for another week. After a month I got the information that menses was not so late this time and not so painful.

Pulsat c. m. one dose followed by placebo. Two doses were given during the whole month.

She was much better in her menstrual function, in fact she was almost cured of her menstrual irregularity. I heard nothing from her husband for two years. Last year the husband of the lady came to me and asked medicine for his son who had an attack of croup he said. I asked him and was informed

that the lady gave birth to a healthy robust male child a year ago.

Of course I treated the young child by hearing all the symptoms and the child also got well.

P. C. MAJUMDAR, M. D.

THE DIET FACTOR IN DISEASE.

BY GEORGE BLACK, M. B. EDIN.

APPENDICITIS.

Although appendicitis is no new disease—evidences of it having been found among the mummies of Egypt—it has obtained for itself in recent years a most unenviable notoriety, partly by reason of the many notable persons who have suffered from it and the publicity given to it in the daily press, but more especially because of the operative interference resorted to in its treatment, and the appalling mortality that has everywhere accompanied it.

A few years ago, for reasons difficult to understand, there arose what appeared to be a morbid desire for operative interference in connection with this disease; and the results were far from creditable to us as a profession. The tragic records of that time, the many deaths that occurred in men whose names were household words, who had occupied high position in public affairs, and whose lives were of great value to the community, could not fail to attract attention, and the thoughtful amongst us asked themselves whether those who had submitted to operation and had so quickly succumbed would not, at any rate, have had an equal chance if they had been left alone. My own impression is that not only would they have had an equal chance, but they would have had a much better one if they had been left alone, as far as operative interference was concerned, and been treated by strict attention to diet, by ordinary hydropathic measures, and by the administration of medicines according to homœopathic rule.

The history of medicine shows plainly enough that there are fashions in other things than dress. Without going back to mediæval times, what a terrible record does our literature present, even since the days of our fathers, of bleedings, blisterings, cuppings, purgings, wholesale removal of ovaries, appendices and adenoids !

No doubt many have met, as I have, with wretched specimens of unsexed women whose jarring, dissonant voices told of their mutilation ; of young children called upon to endure for months the deep passing of probes after operation for appendicitis, when they had escaped a fatal result at the time, and of others suffering from paralytic affections, such as facial paralysis and strabismus after the removal of post-nasal adenoids.

What a pity it is that the English mother does not take a leaf out of the book of the Indian squaw ! I have read that when her infant is born she watches most particularly to see whether it breathes through the nose. If its mouth is open, she pushes the chin up and holds it there till she is satisfied there is nasal breathing ; if this does not suffice, she fastens a piece of buffalo hide round the chin and over the head, and another piece over the mouth, so determined is she that her infant shall breathe properly. If this were done by the mothers of Britain we should hear much less about post-nasal adenoids, and the necessity for their removal by surgical interference. This by the way.

A recent writer on appendicitis, Dr. Russell Coombe, of Exeter, in a paper of unusual ability read before the Devon and Exeter Medico-Chirurgical Society, under Section IV., discusses the question, "When is it our duty to advise operative interference ?"

"The tendency," he says, "of an attack of appendicitis is to recovery, especially with suitable medical treatment. In my experience most of the cases seen in private practice require no surgical interference, but this does not hold good in hospital practice, where only the more acute cases get sent in.

"Further, we know that the removal of the appendix during an attack is a proceeding leading to a high mortality, whilst its removal during a quiescent interval shows a low mortality, and thus we can

at once decide not to advise operation in the acute stage simply with a view to removing the offending organ : there must be other and serious reasons for operating."

Now let us see what these reasons are that ought to exist before a surgeon is justified in resorting to operative interference :—

(1) In acute cases, any ground for doubting whether the peritoneal inflammation is localized.

(2) A belief on our part that pus has formed.

(3) The existence of "peritonism."

All I have to say in regard to these guiding rules is this : I have disregarded the whole three of them, and my patients have been none the worse for it.

Dr. Russell Coombe occupies a foremost place in the county of Devon as a highly intelligent practitioner of the old school, but I presume he has had no experience of remedies given according to the underlying principle of homeopathy, consequently his practice is deprived of a means of cure that would frequently render his rules nugatory, and bring about recovery in many instances in which, under other treatment, operative interference would be resorted to.

When, in addition to homeopathy, the diet factor is rightly understood and comes into play in connection with appendicitis, the disease is robbed of many of its terrors, and its course, which, under allopathic treatment and a flesh-meat and beef-tea dietary, would most assuredly tend to go from bad to worse, is greatly mitigated, and frequently brought to a successful issue.

Having laid down his guiding rules, he finds what all who have practised allopathically know from bitter experience, that it is in the application of them that the practitioner's difficulties begin. How easy it all seemed as it fell from the lips of the professor of the theory and practice of medicine in those old student days ! How eager we were to put these rules into practice in the treatment of disease ! What great things we hoped for when we should be able to bring our knowledge to the touchstone of experience !

Alas, the glamour was soon gone before the realities with which we were confronted.

In some lonely moorland cottage or a farm on a wild hillside, some of us were taught the difference between the theory and practice of medicine, and if the lessons were dearly bought, and, in the learning of them, lines appeared on our faces that were never there before, still we were taught something that money could not purchase and that has been with us in all the succeeding years. *

In looking back over that time with the knowledge which I now possess, I can see what an inestimable blessing homeopathy would have been to me had I known anything about it, for however difficult the case, however uncertain the diagnosis, there would ever have been that dictum of Hahnemann to guide me : "Let likes be treated by likes," that has been the polestar of many a benighted traveller along the highways and byways of therapeutic uncertainty.

In the application of his own rules Dr. Russell Coombe's difficulties begin. Here, for example, are the points which he says he has found to be most reliable guides :—

"(a) IN ACUTE DIFFUSE CASES.

"(1) The presence of symptoms of an abdominal catastrophe : in other words, the condition described as 'peritonism.'

"(2) Increasing distension of the abdomen.

"(3) A large area of muscular rigidity, and the failure of such rigidity to become localized.

"(4) The non-appearance of a localized swelling within forty-eight hours of the onset.

"(5) The continuation of the rapid pulse of onset for a dozen hours or more ; still more, a steady quickening of the pulse.

"(6) Evidence of peritoneal effusion, if obvious.

"(7) Disappearance of superficial tenderness without corresponding amelioration in the patient's symptoms.

"(8) Marked and increasing leucocytosis.

"(b) IN EARLY ABSCESS CASES.

"(1) Pulse beginning to rise again after first fall, especially if there be a steady quickening.

"(2) Temperature beginning to rise again after falling during

the first three or four days, especially if the rises be in the evening, with morning remissions.

"(3) A fairly defined tumour, increasing steadily in size.

"(4) Œdema of the skin.

"(5) Leucocytosis, especially if increasing.

"(c) IN LATER ABSCESS CASES.

"A similar series of symptoms occurring at a later period will be my guide."

In reading over the rules thus carefully drawn up by Dr. Russell Coombe for his guidance in determining whether operative interference be necessary or not, the thought that was uppermost in my mind was this : that it must be extremely difficult for the author himself to put those rules into practice, and for the ordinary practitioner I should say it was impossible.

It is far from easy to attempt to express in language the impressions which a particular disease makes upon us, and the effect which these have in determining our action at any given moment. "Art is long, time short : judgment difficult, opportunity fleeting."

In the presence of disease, when grave conditions are before us, we may live hours in moments and years in days ; when heavy responsibility rests on our judgment all our faculties are in a state of the utmost tension ; the past, laden with its experience, comes to our aid, and we arrive at our decision, we often cannot tell how, but the task of analysing all that has passed through the mind consciously and unconsciously, and which in its totality has determined our action, is one that is difficult in the extreme.

Dr. Russell Coombe has attempted it, and perhaps he has done it as well as anyone could, but for practical purposes these rules are useless. Neither practitioner nor consultant is likely to bear in mind such a list of determining factors before he is assured that the case is one that need or need not be interfered with operatively, and after careful consideration of them I say that, even supposing he had committed the whole of them to heart and had them at his fingertips, so as to be able to apply them at once and in their entirety

in any individual case, the patient, whoever he might be, would have little chance of escaping operative interference.

In my own practice I daresay I have noted down on my case slips and in my case books most of what he has written, but I have never used the information as a guide to operative interference, for during the entire period of my practice, now extending to upwards of thirty-one years, I have never operated on a single case, nor have I called in anyone else to do so ; and it is with deep thankfulness I say it, that during the whole of that time, and in all the cases I have attended in old, young and middle-aged, I do not recollect having lost a single case. I make this statement in no boastful spirit ; I am too deeply grateful for any nonsense of that sort, and, indeed, I take no credit to myself for it, because anyone who has the interests of his patients at heart, and is giving the best attention and care to his work that he can, will, by pursuing the same methods, obtain like results ; and this is why I am writing to ask first of all if there be not another and a better way than that detailed by Dr. Russell Coombe, and by endeavouring to point out that there is, to get others to walk in it.

In an article in the *Northumberland and Durham Medical Journal* bearing the title, "When to Operate in Acute Appendicitis," by W. E. Richardson, M. B., F. R. C. S., the writer says : "All patients who die from acute appendicitis would probably have recovered if operated on in the 'ascending' stage, before the appendix sloughs or perforates, producing general peritonitis or abscess."

This is a good deal to say. My own impression is that many who have suffered from acute appendicitis, and been operated on and have died, would have recovered if they had been left alone, and many cases that, with ordinary care, would have done well enough, are rendered complicated and difficult by the administration of purgative medicines and the employment of wrong methods of feeding.

We have already seen in the article by Dr. Russell Coombe that "removal of the appendix during an attack is a proceeding leading to a high mortality," and yet here we have a surgeon declaring

that "all patients who die from acute appendicitis would probably have recovered if operated on in the 'ascending' stage." Truly it is the old story of how doctors differ. Surgery must have many more triumphs than it can at present lay claim to in the treatment of appendicitis, either in the ascending or any other stage, before ordinary mortals will accept a statement such as that to which I have referred, and act upon it.

Here are the cardinal symptoms in the early stages as given by Dr. Richardson :—

- (1) The general appearance and expression.
- (2) The local tenderness, with or without rigidity, in the "appendix area."
- (3) The temperature.
- (4) The pulse.

And this is what he says in explanation of them, and as deciding his course of action :—

"Suppose that the patient is first seen some six or ten hours after the onset and all these symptoms are present. Is it necessary to operate at once? Such a course would be wise in all cases, but for various reasons is usually impracticable. The writer's rule is this: If there is clearly a fulminating attack, that is to say, a very acute attack—in which case a striking and important symptom is the expression of the patient, which may become so altered in the course of even a few hours as to alarm his friends—immediate operation is necessary. If the attack is mild and the patient is not very ill, prescribe hot applications to allay the pain, but do nothing more. See the patient again in a few hours, and again note all the cardinal symptoms. If the general appearance is improved, the local tenderness less, the temperature lower and the pulse less rapid, the patient is doing well. So long as *all* these cardinal symptoms continue to improve the inflammation is steadily subsiding. But if *any one* of these symptoms has not improved, or has got worse, the inflammation is advancing.

"(1) The patient may look better, the tenderness may be less acute, and the temperature may be lower, but if the pulse has

increased in frequency (a fact to be carefully noted after repeated countings) recommend operation.

"(2) The patient may look better, the tenderness may be less acute, and the pulse-rate the same, but *if the temperature has risen*, recommend operation.

"(3) The patient may look better, the temperature may be lower, perhaps normal, and the pulse may not have become more rapid, but *if the local tenderness has increased*, recommend operation.

"(4) The tenderness may be less, the temperature lower, and the pulse not more rapid, but *if the patient looks ill*, recommend operation."

By this surgeon operative interference is to be recommended :—

(1) If the pulse has increased in frequency.

(2) If the temperature has risen.

(3) If the local tenderness has increased.

If I had acted on these rules, my belief is that perhaps half-a-dozen persons who to-day are in the enjoyment of health and happiness would have been dead. They might have been successfully operated on, for it seems that all cases that end fatally are thus spoken of. Whatever the result, the operation is always successful.

There is, indeed a lot of dust thrown in the air to blind people's eyes, and much nonsense talked that is very pitiful to those who can read between the lines. Loyalty to one's profession is all very well, and, generally speaking, is to be commended ; but loyalty to truth is greater, even if the profession be the noblest on earth, as ours is.

DIET IN CHOLERA.

Medical men in consultation for cases of cholera treated by laymen, generally homeopaths, are pained to see that they are never called to treat a case of cholera, but that of

chronic starvation. Books written by laymen prescribe no diet but pure water as the only diet in cholera. I would recommend for this author's healthy body the same dietetics and see how he fares under it. If healthy body cannot bear starvation for 3 or 4 days, how can you expect that a patient who has lost everything of his body by constant loss of fluids both ways, does not require recouping his loss?

Cases of cholera indicate complete exhaustion or collapse on account of the discharge of vital fluids from the system by purging and vomiting and the greatest problem relating to treatment occurs to ourselves how to restore the vitality of the patient. It also occurs to doctors that something must be done to soothe the irritation of the alimentary canal, nay the whole system. Stimulents are calculated to aggravate the disease and so strong medicines and soups are out of the question. The only successful method of restoring the patient is careful dietetics.

One result of starvation in cholera is the appearance of uremic symptoms, suppression of urine, delirium, coma, resembling opium-poisoning, last stage, in addition to retraction of abdomen due to atrophy of the alimentary canal. Hurried breathing and gasping intervene in the last stage, and death terminates the misery of the sufferers and attendants.

Patients have been known to crave for sago-water or any diet, but the sophisticated doctor hates every promptings of instinct. I do not accuse homeopaths, but they must also know physiology, and attend to the natural craving.

When I see cases of this nature, my first attempt is to prescribe some food for the patient. This has revived apparently hopeless cases.

I must acknowledge with some diffidence that I am not for or even acquainted with the latest food that is the indent of the last ship coming from England. I think dietetics of

Bengalies or Indians are peculiarly their own and suit their constitution better than foreign ones. I generally prescribe decoction of *chira* or crushed rice,—washed 7 times to eliminate all husks, and then stipped in a large cupful of water. This undisturbed water is to be given with salt and lemon juice at first. I also use milk and lime water when symptoms of uremia supervene, or even earlier. Feeding should be commenced from collapse stage.

—CASE NO. I.

... .., a boy of 8 years, was under the treatment of a homeopathic doctor who gave him all sorts of medicine and no diet. No diarrœha, no vomiting, deep coma like the last stage of opium-poisoning, jaws clenched, so that it was with much difficulty that I could introduce a spoon into his mouth. I told them to feed him, but they despaired in even the patient being able to swallow water. I fed him forcibly an ounce of milk and lime water. The patient swallowed with difficulty. The patient was fed every two or three hours, with a few doses of Opium 30.

The next day I found the patient restored to consciousness and he made a good recovery.

CASE NO. 2.

K., a man of 40, got cholera the day before. I saw violent cramps of the extremities and chest, respiration was going on with difficulty. I prescribed Cuprum 30 and water of *chira* as mentioned above. After 3 or 4 hours, the patient's cramps abated and he had a good sleep. He had no more relapse. There being suppression of urine and stool, I prescribed milk and lime water in the evening, which helped nature to resume her functions. This patient also made a good recovery.

PYARI SANKAR DAS GUPTA, L. M. S.

EPILEPSY—CLINICAL CASE

BY AGOSTINO MATTOLI, M. D.

Rome, Italy.

Mr. E. X., an American, 22 years of age, on March 14, 1908, came to my office complaining of headache, general weakness and nervousness.

From the history of the case I found that he had been suffering with epileptic fits for the last ten years. He looked pale, thin and miserable, was very irritable, had twitching of the face; pulse, tense and bounding, was 120; temperature, 103 F., tongue coated white.

He had just returned from a drive in the country and had been living rather high, eating heartily, drinking some champagne and smoking cigarettes.

I put him at once to bed, ordered a trained nurse to watch him carefully and prescribed aconite 3x every hour and milk diet.

The next morning early I was called up to go at once to see the patient; he had had epileptic attacks all night, about every half hour and was in bad condition. I found him very pale and weak, with blue circles about the eyes, sweating very profusely, the perspiration having a peculiar foetid odor, garlic-like, temperature 102.5, the pulse small 130, respirations 28. The nurse reported that the fits had been followed by stupor and preceded by twitchings of the face, especially about the lips, the eyes were rolled up and the head bent backward. During the attacks he had grinding of the teeth, froth at the mouth, loss of a small quantity of urine. The attacks had been more violent during the night, followed each time with profuse offensive sweating and by a short nap.

Though urine and blood examination showed nothing abnormal, the patient was evidently in a very serious condition and fearing the status epilepticus, and because I felt keenly the responsibility toward his absent father who was cabling me every day and sometimes twice a day from America, I called in consultation the best specialist of nervous diseases in Rome, and meanwhile ordered a high enema

of water and salt, and after a careful study of all his symptoms gave him *artemisia vulgaris* 3x every two hours. When the specialist came later, he confirmed my diagnosis and said repeatedly that the case was a serious one. He suggested giving the patient strong doses of bromides at once. I told him about the Homeopathic medicine I had prescribed a few hours before, and as the patient had not had an attack since I intended to continue with my remedy, he said, "Well, let us try it."

On the next day we found the patient much improved, no more attacks, and the specialist admitted the great change and asked for the name of the drug to try it in his practice. He did not appreciate the fact that our medicines are for "the patient" and not for the disease.

The patient improved every day and the medicine was given at longer intervals. He left the hospital on May 1st; had gained several pounds in weight, lost his irritability and had had after the first administration of *Artemisia Vulgaris* only one slight epileptic attack on April 7th, for which there was a sudden emotional cause. Unfortunately he returned to his home and I had no opportunity to watch the future of the case.

REPERTORIES.

A true homeopathic physician should know how to make use of a repertory in order to perform a good cure. Many a time the practitioners of our school decide upon a medicine simply from pathological indications or with the help of keynote symptoms. The result must be generally a complete failure.

In this country we are grieved to notice that cases are not often properly taken and no search is properly made for indicated remedies. In former years repertories were very imperfect. With the exception of Jahr and Lippe there were

no others properly speaking. In years gone by the late Dr. T. F. Allen brought out Bænnighausen's Pocket Répertoire which used to be a great help. Subsequently we hailed with pleasure Dr. Kent's promising big Repertory which has undergone a second edition in a short time.

Some years ago our good friend Dr. Jefferson Gurnsey brought out Bænnighausen's Repertory in the form of slips in a cardboard case. This was a great advance on the former works. But it had one defect. In Bænnighausen only old remedies were mentioned, no new remedy had a place there.

This defect was recently corrected by our indefatigable and ardent scholar—our intimate friend Dr. H. C. Allen. The slips in this repertory contains Bænnighausen's with the addition of all new remedies. This is very easy of reference and cases are taken in a short space of time. We recommend this new and valuable repertory to all our practitioners especially in this country. Unless we try to learn repertorial works, we cannot be expected to make brilliant cures.

P. C. MAJUMDAR, M. D.

SUPPRESSED GONORRHOEA.

I.

Babu M. Ghose, aged 30, had been suffering from rheumatic pains in various joints. He was treated by various physicians without much relief. He came under my treatment in September 1905.

On taking the previous history of the case I learned that he had an attack of gonorrhœa three years ago and was quietly cured by sandal oil and an injection. A few days after the cure he had the present attack of rheumatism. At

first the pain and suffering were great but were mitigated afterwards.

He used to pass urine rather frequently though in small quantity at a time. There was occasional smarting sensation after micturition. There was however no actual discharge present.

Medorrhinum 200, one dose, followed by placebo. Four or five days after he returned to me with great fear in mind. He said "Doctor, my old enemy has appeared again but the pains are very much abated."

Placebo, morning and evening, for a week. Reported improvement. To make the matter short this one dose of Medorrhinum cured the rheumatism from suppressed gonorrhœa.

II.

M. Ismail, a young Mahomedan student, had contracted gonorrhœa three years ago which had been suppressed by injections. This treatment was very much praised by him as he was quickly cured by it. This was followed by colicky pains in the intestines and much dyspeptic symptoms. He lost flesh and was tormented with frequent urination at night. He thought his was a case of diabetes and so had himself treated accordingly.

I thought it was a case of suppressed gonorrhœa. Thuja 200, occasional doses, cured him of his colic and he gradually gained flesh. The frequent urination at night was stopped with one or two doses of Thuja.

III.

Babu Bholanath, aged 29 years, given up to much dissipation, contracted gonorrhœa and was apparently cured. There were several relapses and thus stricture of the urethra was the result. Urination frequent with much straining, sometimes attended with burning and smarting pains.

There was some yellowish white discharge with the urine and every time it was stopped the stricture increased. There was a hard nodular growth at the urethra below the testicle. This was painful on pressure and in making water he had the accumulation of urine there.

I treated him first with *Mercurius solubilis* in various potencies and subsequently with *Hepar s.* with marked improvement. The growth gradually subsided, no pain in micturition and urine was not so frequent and not in thin stream. But the ultimate cure was effected by *Medorrhinum c. m.* one or two doses.

IV.

Utfatoola, a young Mahomedan of robust body, had gonorrhœa in March 1906. He was very speedily cured by some allopathic medicines.

This was immediately followed by a very distressing attack of orchitis. Both testes were swollen and painful, high fever and great scalding in making water. He was crying with agony.

Medorrhinum 200 brought back the gonorrhœal discharge with considerable abatement of his suffering. Fever was stopped at once and there was no scalding.

Ultimate cure was however effected by continuing *Clematis* for sometime.

P. C. MAJUMDAR, M. D.

PSORA, SYCOSIS AND SYPHILLIS AS CAUSATIVE FACTORS IN THE CHRONIC DISEASES.

By THOS. G. McCONKEY, M. D.

I have felt that the half-apologetic attitude of many in the Homeopathic School towards Hahnemann's doctrine of a psoric miasm comes as an inheritance from another generation rather than from recent study based on our present knowledge. It has been

customary since the fifth or sixth decade of the last century to regard psora as a dyscrasia or diathesis. For example, in Marcy and Hunt's work, which appeared in 1866 the Psora doctrine is spoken of as "familiar to modern pathologists under the term dyscrasia." As a recent example which shows the persistence of this interpretation I may cite the following paragraph from the otherwise admirable address of the president of the British Homeopathic Society and found in its Journal for January 1908. "It was the necessity of discovering predisposing causes as a basis for treatment in chronic disease that led Hahnemann to his theory of psora, which, in terms of modern medicine, may be translated dyscrasia."

To me this seems amasculation rather than explanation. Hahnemann asked himself "why, then, cannot this vital force efficiently affected through homeopathic medicine, produce any true and lasting recovery in these chronic maladies?" The answer to this question, which is so natural, inevitably led him to the discovery of the nature of these chronic maladies which was that "they must therefore all have for their origin and foundation constant chronic miasms whereby their parasitical existence in the human organism is enabled to continually rise and grow"

"By placing into one class all protracted diseases arising from unwholesome habits of living, together with countless drug diseases, produced by the persistent and debilitating treatment often employed by old-school physicians in trifling disorders, we shall then find that all other chronic diseases, without exception, are derived from the development of three chronic miasms: Internal syphilis, internal sycosis, but chiefly and in far greater proportion, internal psora" This is plain and unequivocal, but I will also quote from his Chronic Diseases: "Are not the chronic miasms disease-parasites which continue to live as long as the man seized by them is alive, and which have their fruit in the eruption originally produced by them (itch pustule, the chancre and the figwart, which in turn are capable of infecting others), and which do not die off of themselves like the acute miasms?" The fact that this is put interrogatively does not lessen its significance. There were no bacteriologists when this was

written (about 1830). It thus illustrates both his precision and prevision.

Hahnemann made no claim to being the first to discover that syphilis is due to a miasm, for he says: "Hitherto only syphilis was known to some extent as one of these chronic miasmatic diseases. But he had advanced views on the proper treatment of syphilis e. g. of the primary sore he says: "In order to help in such a case the allopathic physician destroys this chancre by means of corroding, cauterizing and desiccating substances wrongly conceiving it to be a sore arising merely from without through a local infection thus holding it to be a merely local ulcer, such also it is declared to be in their writings" The salivating treatment also comes in for severe condemnation. He recommended his soluble mercury in infinitesimal doses and "where uneradicated syphilis or sycosis is complicated with psora the latter is more and first to be treated." Sycosis (from sykon, fig) or the figwart disease he tells us was erroneously considered "homogeneous with the venereal chancre disease" and hence inappropriately treated with mercury. Compared with syphilis it is rare; was especially widespread during the French war 1809-1814 but was since showing itself more and more rarely. The excrescences usually manifest themselves first on the genitals and appear usually, though not always attended by a sort of gonorrhoea.

The miasm of the other common gonorrhoea says Hahnemann, seems not to penetrate the whole organism; but only to stimulate locally the urinary organs. This shows how accurately he differentiated the venereal diseases. The gonorrhoea dependent on the fig-wart miasm as well as the above mentioned excrescences (i. e. the whole sycosis) are cured most surely and most thoroughly through the internal use of thuja says Hahnemann. I can recall two cases in my own private practice answering the above description of sycosis which yielded promptly to the internal use of thuja, and I can also recall seeing "Venereal warts" unsatisfactorily treated by local measures. I therefore find no difficulty in regarding sycosis as a distinct venereal disease with its specific in thuja.

Hahnemann estimated that in his day one eighth of all chronic

diseases were caused by these two miasms, sycosis and syphilis but mainly the latter. The remaining seven-eighths are caused by a third miasm "which may be called by the general name of psora." He appreciated the sweeping nature of this generalization and how little chance it had of being generally accepted or comprehended by his contemporaries, for he says : "I will grant that the doctrine that all chronic non-venereal diseases which are not extinguishable by the vital force in an orderly course of life, while external circumstances are favorable, but which even increase with years, are of psoric origin, is for all who have not fully weighed my reasons and for all narrow-minded people, too great, too overwhelming. But it is nevertheless true." Time, the friend of truth, has vindicated the psora theory in its essentials, and in almost its every detail. It has been said that it is easier to reach the truth from ignorance than from prejudice. Up to two years ago I had never given the psora theory any serious thought for I had been told that it was to be harmonised with modern views by translating it dyscrasia or diathesis. This impressed me as a weak apology for doctrine not capable of sustaining a defence. In other words it was the product of an old man in his dotage and was not to be taken as an essential part of the Homeopathic edifice.

I approached it from the standpoint of ignorance rather than prejudice. It was because the psora doctrine was so utterly at variance with the orthodox teaching of the third quarter of the 19th century that the followers of Hahnemann sought to read "dyscrasia" for psora. They knew that he repeatedly mentions "consumption" 'tuberculosis' 'suppuration of the lungs' etc. as of psoric origin, so that the cause of phthisis, whatever it might be would be the cause of psora. Virchow, who held undisputed sway as a teacher of pathology taught that tuberculosis was a dyscrasia and not an infectious disease and in this we find the explanation for translating psora "dyscrasia." But the true relation of this rather vague term to psora was distinctly stated by Hahnemann himself in these words ; "Spasms, ulcers, adventitious formations, dyscrasias, Paralyses, Consumptions are caused by psoric miasm.

A competent historian of tuberculosis (Whittaker, Ref. Hand book) writing in 1885. said "up to the year 1878 tuberculosis was still a secondary affection, a possible incident to any kind of inflammation and the possibility of individualizing it was seemingly as hopeless as that of curing it. ... Tubercle was at most a deposit but the cause of it was intrinsic to the body. It was either a vice of constitution, *i.e.* of the whole body or a vice of certain tissues or cells, parts of the body due to an unfavorable mixture of the blood." There we have the doctrine of dyscrasia (*dys* bad *crasis*, mixture) as opposed to the miasm theory. When four years later, 1882, Koch settled for all time its miasmatic nature by the discovery of the bacillus tuberculosis, no follower of Hahnemann thereafter should have felt apologetic for his psora theory. Let him who thinks "dyscrasia" a synonym for psora make the substitution in the following taken at random : "Psora (dyscrasia) has thus become the most infectious and most general of the chronic miasms" "Psora" (dyscrasia) like syphilis is a miasmatic chronic disease.

* Candidly, are we not reading nonsense ? On the other hand substitute "tuberculosis" in the above and the following "Psora (tuberculosis) is that most ancient, most universal, most destructive and yet most misapprehended chronic miasmatic disease" "Psora (tuberculosis) is besides being the oldest the most hydra-headed of all the chronic miasmatic diseases. At least seven-eighths of all the chronic maladies spring from psora (tuberculosis) as their only source, while the remaining eighth springs from syphilis and sycosis, or from a complication of two of these three miasmatic chronic diseases or (which is rare) from a complication of all three of them. Every one of these statements is literally true of tuberculosis, as we now know it, and is not even approximately true of any other miasmatic disease or dyscrasia. Hahnemann stated that Psora with one man assumes one form, but with another man another form according to bodily constitution, defects in education, habits, employment, circumstances as also modified by the various psychical and physical impressions. "Psora thus unfolds into manifest forms of disease with so many varieties that they are by no

means exhausted by the disease-symptoms enumerated in the pathology of the old school and erroneously designated there as well-defined, constant and peculiar diseases" In a note to this Hahnemann says: "They bear the following names, scrofula, rickets, spina ventosa, atrophy, marasmus, consumption, pumonary consumption, arthma, tabes, laryngeal phthisis etc." (He actually names more than a hundred others, but these first ten appearing in just this order will suffice to show the identity of what we to-day call tuberculosis and psora. It is true that in this list of over one hundred, there are many which have not as yet been proved to be due to Koch's bacillus, but I am sure that many disease-symptoms which are still designated as well-defined diseases are only manifestations of the tubercular process in various organs and tissues. For example, I have been teaching my students during the past year that so-called heart disease, with or without valvular lesions has as its underlying cause the tubercle bacillus. I was enabled to demonstrate this conclusively to the class and to myself by two cases which came to autopsy. I have taught, rather tentatively (and with the orthodox view *i. e.* etiology, unknown) that diabetes, rheumatism and cancer have as their fundamental cause the bacillus tuberculosis. The setting forth of the reasons for this belief are not within the scope of the present paper, but will be given later.

Hahnemann regarded leprosy as "the ancient and cutaneous form of psora." Koch giving further details ten days later of how he made his discovery, said that "the only known bacteria which resemble those of tuberculosis in this regard (form, size, staining reactions) are the bacilli of leprosy" "Leprosy is a tubercular disease closely allied to tuberculosis."—Sabouraud. It is likewise significant that the leper reacts to the tuberculin test. To those unacquainted with the patient, profound and intuitive medical mind that anticipated this close relationship nearly one hundred years ago, such prevision must seem almost uncanny. It comes as a sort of relief to find that Hahnemann has not anticipated everything we know or think we know regarding tuberculosis. He failed to appreciate that the sputum of the consumptive is *the* source of the contagious or infectious matter.

On the other hand, he regarded the skin lesions of psora as the agency either mediate or immediate of transmitting it to others. That was, and is the view regarding leprosy. He knew that the chancre in syphilis was the point of entrance of the miasm and later became one point of exit. He regarded the skin as the main avenue of entrance of the psoric miasm and naturally thought it the main source of exit as in leprosy.

I believe that Hahnemann in regarding the skin as the avenue of entrance is much nearer the truth than those who think the bacilli reach the lungs through the respiratory tract. We have learned that many parasites have an entirely different mode of entrance and exit, the hook-worm for example. That the mode of entrance of the bacillus of tuberculosis is an unsettled question is well known and Th. Smith says there is good reason for anticipating discoveries or theories which might greatly simplify our view of infection.

Probably the most remarkable feature of the psora theory and one that has hindered its acceptance is that it is usually acquired during childhood and remains latent for years. "Psora is of such a peculiar nature that it may remain as it were tied down and covered up for a long time through external favorable surroundings; so that a person may seem to the superficial observer healthy for years, even for many years; until circumstances unfavorable to the body or to awaken the disease slumbering within and thus develop its germs."

This doctrine of latency is likely to-day to get a more respectful hearing. Baumgarten and his followers assume that the tubercle bacilli can lie latent in the tissues and subsequently develop when, for some reason or other, the individual resistance is lowered and explains the lack of development of the germs by the greater resisting powers of the

issues of children. That is a literal quotation from the last edition of Osler's Practice. Th. Smith says : "To-day the extreme and radical notion of Behring that infection occurs early in life and may remain latent and that tuberculosis in later life largely dates from infancy is being seriously and widely discussed" and he adds "this preparedness to receive and discuss such a statement is partly due to the strides made in the study of Parasitism."

Hahnemann insisted that on account of its highly infectious nature and its widespread prevalence, few escape psora. After enumerating several probable modes of infection and all consistent with our present knowledge, he continues thus : "Not to mention the thousands of other possible ways in which things polluted with this invisible miasm may touch a man in the course of his life and which often can in no way be anticipated or guarded against, so that men who have never been infected with the psora are the exception."

This likewise has been proved to be literally true of tuberculosis, as may be seen by the following taken from recent issues of progressive medicine: "Of 1262 autopsies upon adults there were but 113 i. e. 9 % free from tuberculosis and Burkhart is inclined to believe that even these 113 had tuberculosis but the focus was so small that it was overlooked even though carefully searched for." "In older children and in adults a reaction is obtained in a very high percentage of the cases as would be expected from the great frequency of tuberculosis at this period (97.0 % according to Burkhart.)

In the light of the facts I have given and many more that might have been given, why should any find difficulty in accepting the psora theory exactly as Hahnemann stated it ?

There was an excuse for the preceding generation for they thought that Pathology had reached its zenith under its great master Virchow, whose dyscrasia theory of tubercular

phthisis could not be reconciled to Hahnemann's miasmatic theory. The name tuberculosis was first used by Schoenlin in 1839, who considered it a process intrinsic to the body. Klebs considers it an unfortunate name because implying no tubercles, no tuberculosis. Exactly as Von Behring has recently commended Hahnemann's word Homeopathy as the most appropriate as descriptive of vaccine therapy, so we may confidently expect some future Virchow to commend "Psora" as more appropriate than "tuberculosis."

This view of Psora has for me transformed an ancient and unintelligible doctrine into one that is more, than up-to-date, and once understood, one that illuminates, if it does not actually solve, some of the most perplexing problems confronting medicine to-day. Furthermore, it has furnished a hope which is ripening into confidence by daily test of doing more in the way of actual cure of certain chronic cases than I ever dared cherish before.

The North American Journal of Homeopathy.

EVERYDAY HOMŒOPATHY.

C. Assam, the prior of one of the German ecclesiastical institutions, contributes the following cases to the *Populaire zeitschrift fuer homeopathie*. They are instructive in themselves and suggestive of the great use that a little knowledge of Homeopathy may be to anyone :

I. HURTING THE "CRAZY BONE."

Last winter a neighboring pastor wrote to me that two weeks ago during a time when everybody was slipping on the ice, he also had fallen and hurt himself so that he could hardly get up again. Since that time he has suffered great pains in the right elbow and in the shoulder. When these are touched he feels in the hand and in the fingers pains as of needle

pricks. The physician whom he called in said that when he fell the "crazy bone" had been hurt, and prescribed warm compresses, but these had not improved matters. Neither the hand nor the elbow are swollen, but they are very sensitive to the touch. He is unable to come to see me, but if there is a Homeopathic remedy for this ailment he requested me to send it. He received from me *Ruta graveolens* 6, in pellets, with the direction to put three pellets on the tongue every three hours. After two days he reported that the remedy had proved very efficacious, and that he had been able to sleep the last two nights without feeling pains. Only now and then he feels a burning and stitches in the fingers of the right hand; he would, therefore, continue using the pellets of *Ruta*. He thanked me for the help afforded, and proposed an epitaph for me when I shall need one. After a week he sent me word that the arm had not quite recovered yet, that I should send him a "stronger" remedy. According to his wish, I sent him *Arnica* 6, also, in the form of pellets. As I heard no more from the patient I conclude that the remaining soreness has disappeared.

II. BURSITIS.

Last fall our washwoman asked me what she should do for her kness. She had on both her knees a swelling like little pillows, filled with water. These did not give her any great trouble except when kneeling down, but the swelling is gradually increasing, and she is perplexed. She had not asked the advice of any physician. The ailment was a real bursitis, or, perhaps, more properly hygroma patellæ. A short time before I had read in the *Popular Gazette for Homeopathy*, that *Kalium chloratum* will absorb such a watery exudation; so I gave this remedy in pellets. A few weeks afterwards she told me with great elation that the little pillows had disappeared.

III. SEROUS EFFUSION IN THE BRAIN.

The great power of absorption found in *Kalium chloratum* also showed itself in another case last year. It was in June when in the female seminary in N. the sister presiding in the kitchen department, Sister S., sixty years of age, received a stroke and was lamed on the right side. She could move neither hand nor foot, even the fingers and toes were stiff and drawn inward, and, as it were, numb, and the tongue was, as it were, out of joint, so that she could hardly make herself understood by those around her. On the third day the physician was reported to have said that the symptoms of paralysis were increasing, and that there was no more hope of saving the sister. I was informed of this, and asked for my advice in the matter. Supposing that there had been a serous effusion into the brain, I sent the patient *Kalium chloratum* 6, ten pellets to be dissolved in water, and a small spoonful to be taken every two hours. After a week I visited the patient and convinced myself that she was already able to move her hand and foot and the fingers; she also could speak more distinctly. The physician massaged her daily. With the exception of the *Kalium chloratum* she had received no other medicine. After two months she was so far restored that she could again stand and walk. She then went to the mother institute, and under the continued use of the remedy she was restored so that she is again able to attend to her domestic duties.

IV. ULCERS ON THE FEET.

March 19, 1908. A farmer's wife from this neighborhood called on me to make the glad announcement that both her feet are well again. She is forty-two years of age and the mother of four children, and called on me late in fall, to seek help from me for her feet which were full of ulcers. I still

remember that I was quite frightened at their appearance ; they were covered with rice flour, the legs were full of varicose veins, and the burning pains, according to the patient, were intolerable and indescribable, making it impossible for her to sleep. It is likely that she noticed that I was in doubt whether this ailment was yet curable ; to-day she stood before me in a manner almost triumphant and showed me her feet, remarking that she had used nothing else than the homœopathic pellets. She had received from me *Ranunculus scel.*, *Hamamelis* and *Graphites*, and had taken these in alternation according to my direction. Her recovery indeed had been slow, but now the woman felt quite well. I have often heard of the evil consequences resulting from curing such ulcers on the leg with lead ointments or with boracic acid.

V. SORE FEET.

A servant girl, thirty-one years of age reported to me to-day that the little homeopathic pellets had helped her, and she thanked me. She had called four weeks ago complaining of lancinating pains in the heels, the soles of her feet were also swollen a little so that for weeks she had not been able to step on her feet without pains ; she had been compelled to walk on her toes. It must have been pretty severe else she would not have consulted a physician, which is always attended with expense. She said that she was unable to remain in her place any longer. The physician had given her an ointment for rubbing her feet, but there was no improvement. I gave her homeopathic pellets, *Sabina* 6, three pellets to be taken every day three times, dry on her tongue. The remedy at once showed its effects, and to-day she had been able to walk here, taking two hours, without any difficulty. Still she asked for a few more of these "whole-

some pellets" in case her ailment should return, in the spring, when she would have to work again in the field. (*Sabina* is, according to Farrington, one of the remedies which act on the heels, and is especially suitable with plethoric women suffering from so-called rheumatic inflammation.—ED.)

VI. HERPES IN THE BEARD.

Last summer I was called upon by the proprietor of a property in the upper part of the Austrian Forest, who asked me whether I could not tell him a remedy against herpes of the beard. He had for some time now been suffering from this ailment, and the physicians whom he consulted had told him he would have to have each hair of his beard pulled out singly with tweezers, but he could not make up his mind to this. I was able to give him the comforting assurance that I had such a patient some years ago, and I helped him from his troublesome eruption with a homeopathic remedy. I hoped that this would also be successful in his case without the annoying operation with the dreadful tweezers. His face was covered, as far as his beard extended, with small yellow pustules, which burst open and continued forming anew. He complained of a constant painful sensation, which made life a burden to him. People also were continually troubling him with questions and advice about it. I gave him *Tartarus emeticum* 6, in pellets, of which he should every day take three or four on his tongue. Since that he has written me several times and reported that the herpes in his beard had disappeared; but he was afraid it might start anew, wherefore he entreated me to send him another supply of the beneficent remedy.

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NEURASTHENIA AND ITS PREVALENCE AMONG THE EDUCATED CLASS.

In years gone by this enervating disease was almost unknown in this country. Though our food and mental and bodily occupations were of the simplest kind three or four decades hence, the people of this vast country were peculiarly free from this exhausting and wearisome disease. Our education underwent a thorough change from the time of the English system coming into vogue and along with it our habits were also changed and all these circumstances are accountable for the loss of health to a great extent among our people in modern times.

The struggle for existence was not so keen as it is now. That is another reason why our educated classes are so much overburdened with cares and anxieties of the world. The manner in which secular and foreign education is imparted to our young-men is also to be reckoned as a causative factor in the production of neurasthenia. Neurasthenia is a prostrated condition of the nervous system generally. Its symptoms are various according to the organs affected by the disease. So we have cerebral form when the brain is the principal organ that suffers. It is caused by mental overexertion and emotional excitement.

Spinal neurasthenia is characterized by various kinds of pain experienced by the patient. Great exhaustion even after slight exertion of muscles, palpitation and oppression, general malaise, jerking of the limbs and paralytic weakness of the muscular structure. It is often caused by severe illness, sexual excess, and other weakening business. Many of our educated young men suffer from this form of neurasthenia.

Another and a most grave form of the disease is the cardiac form known as *neurasthenia cordis*. Its symptoms are:—weak and gone feeling in the region of the chest, intermittent and slow action of the heart. It is caused by overaction of body and mind, emotional excitement and excessive use of tobacco and other narcotic substances.

It is in this form of the disease that we often hear that a young person in active life suddenly met his death.

Then again we have gastric neurasthenia which has been graphically described as characterized by “stupifaction, pressure, feeling of intoxication, rush of blood to the head, flickering before the eyes, noise in the ears, nervous excitation, palpitation of heart, alternating feeling of chilliness and heat, drowsiness, fullness in the stomach, *pulsatio epigastica*, eructations, formation of gas, nausea, heart-burn.” It is always known by the name of *nervous dyspepsia*.

The sexual form of neurasthenia is very often observed in cases of young people and old sinners. It is characterized by various depressing mental symptoms, such as hypochondriac mood, timid and depressed disposition, fear and anxiety. It is usually caused by excessive sexual indulgence, continued sexual excitement, masturbation or enforced abstinence. There is a kind of pain felt in lumbar and dorsal region of the spine and is so called dorso lumbar pain.

Women also suffer from this kind of neurasthenia and its causes are the same as those described above for men. What I have delineated above as neurasthenica found in this country now a

days, is also very graphically described by Dr. Raue in America. I shall quote here what that veteran homœopathic savant has said about it.

“It is a remarkable fact that neurasthenia has been spoken of so largely on this side of the water, and that it is almost considered a specific American disease. This does not denote that neurasthenia is confined alone to this country, but it seems to exist here to quite a conspicuous degree. As a reason for this has been given the preponderance of the nervous constitution and the undeniable hasty pursuit after gain and wealth, besides the ambitious straining to reach certain social or political positions, so characteristic of the American people. But even this does not seem to hit upon the precise cause, for mad chases after riches and influence exist everywhere. When we however find, that people who cannot bear to indulge here in any kind of stimulation, whilst in England or on the Continent, they loose this irritability, it seems that the cause might be looked upon for in the different climates of these countries and this difference is the apparently greater driness of the atmosphere here, compared with Europe.”

Treatment. Treatment of neurasthenia revolves itself under two distinct directions *viz.*, hygienic, dietetic and medicinal. A very large array of medicines have been recommended in the treatment of this diseased condition. Lilienthal in his excellent Homœopathic Therapeutics mentions more than fifty remedies to combat the disease. In the first place we recommend patients to be placed in healthy and bracing climates. Mountain air has been recommended by many whilst others say that moist and heavy air is good for such patient. Sea voyage is held to be salubrious. We think country places, not busy towns and cities, are favorable. Those who suffer from worry and business anxiety should avoid such exciting causes. Tonics and stimulants have been recommended by many physicians of both schools.

Nourishing and easily digestible food, plenty of fresh air and avoidance of all anxiety and excessive work are all that conduce to cure such patients. Medical aid of course is greatly needed,

Properly indicated homœopathic remedies are sure to cure such patients. For this purpose repertorial work with the aid of *Materia Medica* is absolutely necessary. Gross work and improperly selected remedies have invariably failed to secure the desired effect. Such constitutional remedies, as *Calcarea*, *Ferrum*, *Sulphur*, various acids, *Alumina*, *China*, *Coca*, *Helonias*, *Ignatia*, *Lycopod*, *Natrum*, *Nux Vom*, *Phosphorus*, *Picric acid*, *Pulsat*, *Selenium*, *Sepia*, *Silicea*, *Zincum* and some others of similar nature have always been selected and with good results.

Detailed symptomatology can be gathered from *Materia Medica* and some other standard works on the subject. About the administration of remedy there is a good deal of difference of opinion among physicians of our rank. Some recommend lower potencies with frequent repetitions; others are opposed to it.

What we think is that cases should be treated according to their own merits. In wornout cases of longstanding and where the indications are accurate, higher potencies at long intervals are the best.

GENERAL MEDICINE CLINIC AT CLEVELAND CITY HOSPITAL.

A. B. SCHUCIDER, M. D., CLINICIAN.

CASE I.—History. Mrs. E. M., aet. 28. Admitted Sept. 27, with history of fever headache, backache, anorexia and vomiting for four days. Patient is four months pregnant. Temperature is 104; pulse 96; respiration 24. Bowels are constipated, face flushed; tongue is heavily coated white and is flabby; abdomen is tympanitic and presents numerous rose spots; spleen is distinctly palpable. Diagnosis: Typhoid fever.

TREATMENT. Tepid sponge bath every three hours as long as temperature is above 102. Enema every other day if necessary, liquid diet. *Gelsemium* 2x every hour.

Sept. 28. Urinalysis :—Specific gravity 1.022, reaction alkaline, albumen present ; Sugar absent, casts absent ; diazo reaction negative.

Oct. 3. Patient is much emaciated and presents marked aphonia due to dryness of fauces. Temperature ranges from 101 to 103.5.

Oct. 6. Rose spots are fading ; spleen is still palpable ; temperature is decidedly remittent and pulse is decreasing in frequency ; ranging between 80 and 90.

Oct. 10. Widal reaction positive. Temperature does not rise above 101 ; both once daily and medicine every three hours.

Oct. 27. Patient is convalescent ; temperature ranges from 96.8 to 98.4 ; pulse from 72 to 78 ; patient is pale and anemic and complains of night-sweats. Diet. is changed to semi-solids and remedy to China 3 x every three hours.

This patient was retained in hospital until Nov. 9, longer than usual, because of her home conditions and their possible effect upon her pregnancy, now advanced to nearly six months for the last three weeks foetal movements were well marked and there has been no indications of miscarriage up to the present time. Albumen has disappeared from the urine and blood count is normal.

CASE II.—History. Frieda H., German, Aet. 14. Admitted Sept. 23, with indefinite history of fever and malaise of ten days duration. Temperature is 102.6 ; pulse 104 ; respiration 28 ; face is pale ; tongue is dry and brown ; slight sordes on teeth ; abdomen is tympanic and presents a dozen or more rose spots ; spleen is enlarged and palpable ; there is slight cough and auscultation reveals numerous moist rales ; stool is yellow and hard ; the patient is in a semi-stupor, mildly delirious. Diagnosis : Typhoid fever.

TREATMENT. Tepid sponge bath every three hours when temperature is above 102 ; ice-cap to head ; glycerine enema when required ; liquid diet ; gelsemium 2x every hour.

SEPT. 27. Urine alysis : Reaction acid ; specific gravity 1029 ; albumen negative ; sugar negative ; diazo reaction negative.

SEPT. 29. Rose spots are disappearing ; spleen still palpable ; temperature not above 102.5 and decidedly remittent, reaching

normal in the early morning hours; pulse ranges from 90 to 108; patient still decidedly stupid.

Oct. 3. Temperature normal for past 24 hours; pulse 96; stupid lethargic condition still present, Tongue is moist but thickly furred and Typhoid odor is marked; Milk is omitted from diet.

Oct. 6. Temperature has been normal for several days; pulse ranges from 76 to 84; spleen is no longer palpable; tongue has only slight coating; tympanites has disappeared; patient is keen and intelligent, but is in a weeping mood and complains of menstrual pains. Pulsatilla 3x every two hours and soft diet are recommended.

Oct. 16. Widal reaction is positive. Patient discharged cured.

CASE. III. History: Frank F., Canadian, Aet. 41. Admitted Sept. 28 with history of illness of week's standing. The attack was ushered in with epistaxis and nausea and was soon attended with marked fever; bowels have been constipated; there has been no headache or backache and patient has been about some of the time. The face is congested; the tongue is heavily coated and sordes is marked; there is considerable cough and many moist rales; abdomen is tympanitic and a half dozen rose spots are visible; the liver extends one finger breadth below the costal arch and the spleen extends to anterior axillary line; palpation is impossible because of tension of abdominal muscles. Diagnosis: Typhoid fever.

Treatment: milk diet; sponge baths; enemata; Bryonia 3x every hour.

Oct. 3. Temperature for past 48 hours ranged from 98 to 100 with pulse 90 to 108. Patient was allowed to sit up, with subsequent rise of temperature to 103. Patient ordered to bed until evening temperature is normal. Cough is better and tympanites has disappeared.

Oct. 6. Maximum temperature for 24 hours has been 98.4, with pulse rate of 88; spleen is not palpable and area of dulness has receded to midaxillary line; lower border of liver still below costal arch.

OCT. 10. Temperature normal and pulse rate 76; patient is placed on soft diet and allowed to be up and about. This patient was discharged Oct. 16. Widal and diazo tests were not attempted. Urinalysis was negative, with exception of light specific gravity. There was slight arterio-sclerosis and moderate hypertrophy of left ventricle.

CASE, V. Malignant endocarditis.—History: James N. Irish, Aet. 40. This patient was admitted Oct. 14. He gave a history of an attack of inflammatory rheumatism 4 years ago, with fever swollen joints and prolonged confinement to bed. His present illness began four weeks ago with thirst, nausea and vomiting, headache, pain in back and sides and diarrhea. The temperature on admission was 104 and pulse 126; respiration 28. The face is pale and haggard, mucous membrane anemic; tongue is red and glazed and gums bleed slightly; body is emaciated and intercostal spaces well marked excepting in left axillary region where they are almost obliterated; tactile fremitus is absent over left lower axillary and infra-scapular region, where there is also dulness on percussion and distant breath sounds. Splenic area of dulness is lightly increased in extent. Liver extends one finger breadth below costal arch and abdomen is moderately tympanitic. Apex beat is in the fifth interspace, and in left nipple line. There are mitral systolic, aortic systolic and aortic diastolic murmurs, and the pulse is small and weak.

Diagnosis: A provisional diagnosis of encapsulated empyema was abandoned when careful exploratory puncture failed to locate pus. A decided thickening of the pleura was however established by this procedure, and this with probable accompanying adhesions was held to account for the physical signs of empyema of left side. The cardiac faults viz: mitral insufficiency, aortic stenosis and aortic insufficiency, were held to be sequelæ, as they doubtless were of an attack of endocarditis complicating the attack of inflammatory rheumatism which patient suffered 4 years ago. Farther investigation led by a process of careful review and exclusion of all other possible sources of the evident septicemia to the conclusion

that the heart was the offending organ and that we were dealing with a malignant or septic endocarditis of the typhoid type. There was an irregularly intermittent temperature ranging from 96 to 106, with a pulse rate of 120-140; chills were not well marked and perspiration was slight. Blood examination; hemoglobin estimate 800; per cent red cells 3,200,000; white cells 36,000. A second leucocyte count made Oct. 27, showed 26,000, differentiated as follows: Polyneuciliars 90 per cent; large mononuciliars 6 per cent; small mononuclears 2 per cent; transitionals 1 per cent; moist cells none; cosino philes 1 per cent. Sputum examination was negative as regards tubercle bacilli and pneumococci.

Urinalysis: Reaction acid; specific gravity 1018; albumen and sugar negative; bile, a trace; sediment contained numerous red cells and a few leucocytes. Blood cultures were not attempted.

Treatment: Arsenicum 3x every hour; stimulation as required; liquid diet. This patient became gradually weaker and toward the end developed signs of pumonary edema and cardiac thrombosis. He died Oct. 31.

Autopsy: Superficial: General development and nutrition poor: no edema. Lungs: Pleural adhesions and thickening, especially marked and dense on the left side; no consolidations, abscesses or nodules.—Heart: Slightly enlarged; myocardium shows normal color but is flabby; few calcareous patches; coronaries are somewhat atheromatous; aortic cusps are calcareous and greatly thickened and can neither be approximated nor freely reflected; these cusps are surmounted by several reddish warty masses from which extensions mounted by several reddish warty masses from which extensions range along the wall of the aortic vestibule to the mitral valve segments which show similar degeneration. The tricuspid and pulmonary valves are normal. Liver shows no gross changes. Spleen is soft and pulpy and much redder than normal and is slightly enlarged. Kidneys shows no gross changes. Careful examination fails to show suppurative foci or infarections.—Cleveland Medical and Surgical Reporter. December 1908.

OBITUARY.

It is with profound regret that we have to announce the death of Dr. Henry C. Allen of Chicago, which melancholy event took place at his residence 5142 Washington Avenue on January the 22nd 1909. The doctor is said to have been out and had attended his patients and delivered his usual lectures in Hering College during the day and expired about five o'clock in the afternoon within an hour after his return home and before the doctor who was sent for could arrive to see him. Death was due to heart-failure.

With the death of Dr. Allen, Homeopathy loses one of the champions of its cause. He was perhaps the leading man at the present time to represent true homeopathy, *i.e.*, homeopathy as taught by Hahnemann and as promulgated by him in the *Organon*. He was generally known in America, as a Hahnemannian homeopath and a high potency man. He was a thorough Hahnemannian prescriber, but as regards potency, we have more than once heard him say, that potency is not homeopathy. Be an accurate prescriber and you will cure your cases.

In India Dr. Allen is known as the author of the *Intermittent fever*, *Therapeutics of fever*, *Keynotes and Characteristics of Homeopathic Materia Medica*, the Editor of the *Medical Advance*, the founder of Hering Medical College and a great homeopath.

Personally in him we have lost a great friend and a benefactor. Ever since our return from America, we have eagerly looked forward to the time when he would pay us a visit here, for he promised to do so some day. But that was not to be. Providence ordained it otherwise. For a period of four years we were intimately connected with him during our college career in Hering Medical College and in the Chicago University. We are proud to think that he was our preceptor. During our sojourn in America, not a day passed that we did not benefit in some way by his wise and always kind advice and instruction. Although afterwards we lived at

a distance of thousands of miles from each other, the name of Dr. Allen is still a household word among us.

Dr. Allen was born in Canada on October 22nd 1836, graduated in medicine from Cleveland in 1861. Besides his wife Dr. Allen leaves two children, Franklin Lyman and Helen Marian. We quote below some of our foreign contemporaries:—

DR. HENRY C. ALLEN.

The Greatest exponent in America of high potencies, the foremost expounder of homeopathic philosophy, the Keystone of the arch of Hering College, died in Chicago on January 22nd last. Dr. Allen was a descendant of the famous Revolutionary character, Ethan Allen. He spent nearly fifty years in the practice of medicine, and much of that time was a teacher. From 1880 to 1885 he was professor of Materia Medica in the homeopathic department of the University of Michigan.

He was founder of Hering College, Chicago. His sudden death is a surprise and cause of great sorrow through out the entire profession, as everybody knew him either personally or through his publications. His universal acquaintance makes more comment unnecessary, although no man will be missed more at the Institute & at other gatherings of homeopathic physicians. He was born in Canada, October 2nd 1836; Graduated in medicine from Cleveland in 1861.

Dr. Henry C. Allen, of Chicago, died on January 22nd 1909, he was a prominent member of the American institute and of the Hahnemannian Association, as well as of many state and local societies. He was editor of the Medical Advance and devoted that journal as well as numerous other literary efforts to the expounding of homeopathy according to the strictest sect. H. C. Allen was born at London, Ontario, October 2nd 1836. His father was a Vermont Allen, a member of the famous Allen family of whom Ira and Ethan were the most conspicuous. He received his medical education in the College of Physicians and Surgeons of Ontario, and the Cleveland Homeopathic Medical College of Cleveland, Ohio. He was professor of materia medica in the University of Michigan, 1880 to 1885. He was one of the founders of Hering College in 1892 and

has been connected with the same ever since, holding the position of dean at his death. As an expounder of the principles of homeopathy and the organon, professor Allen attracted students to Hering College from all parts of the globe. Besides his wife Dr. Allen leaves two children, and Franklin Lyman and Helen Marian.

ALLEN—ONE MORE OF THE OLD GUARD GONE ?

Professor Henry Clay Allen, M. D.; A. M.; passed away January 22nd. at his home in Chicago, from heart disease. The Doctor was Canadian born, and first practiced at Brantford, Ontario, in the early sixty's, where he soon had a very large and aristocratic cliental. While there he was offered and accepted the chair of Anatomy in the Cleveland Homeopathic College, his Alma mater. This position he held for two years. Fourteen students came to Cleveland from Canada with him. Subsequently he removed to Ann Arbor and accepted the Chair of Materia Medica in the Homeopathic Department of the University of Michigan. At this time he became associate editor of the Medical Advance. From Ann Arbor he removed to Chicago, where he soon had a very lucrative practice. Dr. Allen was a close student of Materia Medica, a strict Hahnemannian. The writings of Hahnemann was his medical shrine and the writings of Hering, Dunham, T. F. Allen and Boenighansen were his constant companions and study. The Materia Medica was to him the very breath of the air which he breathed. His life was one of high medical ideas, honest in his convictions, though frequently in the minority he was not discouraged even if opposed by the majority, in Medical Councils he was very active and his discussions much respected. A constant attendant at medical associations and always ready to assist the cause and faithful in the discharge of his professional duties.

Dr. Allen was a journalist and a medical author of books which are standard, he was an interesting and impressive lecturer and did not neglect to instruct his students in respect to the conduct of life. His name will have an honorable resting place in our medical libraries. He was an indefatigable worker and believed that genius

consists in hard work. Dr. Allen received his M. A. from Queen College, Kingston, Canada. His reputation is more than national, for his reputation extended throughout all countries where homeopathy is practised. Dr. Allen attended the Alumni Banquet of the New York homeopathic college at the Hotel Astor, at the installation of Dr. Royal S. Capeland as Dean of the College. At that time he was well and in good spirits, and gave a very excellent speech.

Dr. Allen married Miss Louise Goold of Brantford, Canada, a most estimable and popular young lady. They were blessed with three children; all are now residents of Chicago. Dr. Allen was buried at Brantford, Ontario.

Hamilton F. Bigger, Sr.

DR. HENRY CLAY ALLEN.

The death of Dr. H. C. Allen, which occurred suddenly on January 22nd, removes from the homeopathic ranks not only one of the most lovable characters, but one of the staunchest defenders of the homeopathic school. For nearly fifty-three years he had practiced, taught, and fought for homeopathy. In a long career as a physician, professor, editor, author and dean, his love and loyalty to the cause never swerved; pure homeopathy was his watchword, and yet his conception of it was broad and liberal. All the collateral branches of medicine were to him, contributing to the chief end of the Physician's calling, to cure the sick and he recognised no other way except that of nature and homeopathy.

He was a fearless fighter, a foe to combination tablets and the makeshifts of like genus, recognizing in them only the poorest kind of palliation. No paper read before a medical gathering was to him complete without the mention of homeopathic remedies that might be of service, and so charitable was he in his discussions, that no matter how hard he struck or how severe was his criticism, it was always recognized as just and deserved.

The editor of the Journal spent several hours in his company two days before his death. His mind was most active and full of

projects for the College of which he was dean. He died in the harness, having attended to patients the very afternoon of his death.

His presence at meetings, especially at the American institute of Homeopathy, where he was a faithful attendant, and his gentle, cordial greeting to all will be missed.

One of the Committee appointed by the New York Educational department to inspect and report on Hering College said to him on the Tuesday afternoon preceding his death "Doctor Allen, you are getting to be too old a man to have all the cares of this College on your shoulders. What would happen should you die? The doctor replied with his inimitable genial smile; Why there are twenty men who could step right in and carry on the work."

May his prediction be true; nothing would please him more than to have twenty men step in and take his place, not only in College work, but in the propagandism and defense, if need be, of his beloved Homeopathy.

His work for Homoeopathy was good, square and true. Above all was he pleased with and heartily interested in the propagandistic wave of enthusiasm that is sweeping the country at this time, to which he not only gave his pen, his counsel, and his purse, but also his whole-souled enthusiasm. Truly his work must go on and not merely twenty, but hundreds of his old students and associates, should see to it that it does.—Journal of A. I. H.

A Letter.

We are very glad to insert this letter here as it shows what interest our patients take in the welfare of Homeopathy.—Ed. I. H. R.

DEAR DR.,

I remember a year or two ago an old patient of yours telling you of the trouble he had to get a Homeopathic Doctor while in England on leave.

I am enclosing a cutting from one of my home papers which will give you great pleasure I know (if you have not already seen it). I dare say this case for Homeo treatment in England will help your cause for a Hospital in Calcutta, which I trust will soon be as prominent as the Medical College.

During the last month I have gained another believer in the treatment having done for him, what Alopathic treatment failed to do.

I am thankful to say I am keeping well and pray that you and all yours are keeping perfect health.

With thanks and praise to God and gratefulness to self.

Your patient in gratitude.

W.

'HOMŒOPATHIC CAMPAIGN.

£50,000 NATIONAL FUND TO BE STARTED.

Homœopathists are rejoicing over the fact that the Lord Mayor of London, who is one of their number, has consented to convene a meeting at the Mansion House on March 17, at which plans will be laid for a great campaign in favour of the doctrines of Hahnemann.

According to Hahnemann, who first enunciated the system in Dresden in 1796, disease must be treated by drugs which produce symptoms similar to those of the ailment. The drugs are administered in pilules, each containing a minute dose. Instead of a great array of bottles, the homœopath can carry the whole of his remedies in a comparatively small case.

At the Mansion House meeting a National Homœopathic Fund of £50,000 will be started to carry out the following objects:—

Foundation, maintenance, and endowment of new homœopathic hospitals, dispensaries, and institutions.

Provision of homœopathic medical education.

Research into the problems of medicine on a homœopathic basis.

Establishment of convalescent homes and open-air sanatoria.

CLINICAL CASES.

By J. N. MAJUMDAR, M. D.

CASE I.

19-1-09. Saw Babu K. Mondol's son aged 16 years. He is suffering with a bad diarrhœa. Has been moved five or six times in the morning prior to my visit at 8-30 A. M. There is no vomiting. The urinary secretion is all right. The stools are yellowish and watery. Had taken rice the previous day although he was feeling sick.

Pulsat. 30 every three hours.

No improvement in the afternoon. The stools are watery and gushing—Croton Tig. 30.

20-1-09. Saw him this morning again. He is much better. Had two stools this morning—Placebo.

22-1-09. Saw him this morning again. He is all right; ordered rice to be taken to-day.

CASE II.

27-1-09. Saw Babu R. in Shalkia. He is suffering from gonorrheal rheumatism of the wrist joints. He had an attack of

gonorrhoea which was very quickly cured by patent medicine. Has been suffering from inflammation with considerable swelling of both the wrist joints; the pain is agonizing at night. He sweats a great deal and feels particularly worse at night. Merc. Sol. 30, three times a day.

29-1-09. Saw R. Babu again this morning. He is better. The pain troubled him a great deal last night but the swelling seems better. Took a dose of Rhus tox 30, in the night. Thuja 30, three times during the day.

30-1-09. Saw R. Babu again this morning. He is much better. Rb. 6.

31-1-09. R. Babu improving, but the pain is very troublesome at night. Rhus tox 200 one dose.

1-2-09. Saw R. Babu to-day. He is remarkably better. The pain in the left hand is gone. Placebo.

3-2-09. R. Babu getting on nicely, but there is great pain on movement. Bryonia 12x.

4-2-09. R. Babu was troubled with great pain in the left wrist last night.

Rhus tox 30, three times to-day and to-morrow.

6-2-09. Saw R. Babu this morning. He is much better, but the pain in the left wrist still troubles him. The Gonorrhoeal discharge has or appeared again. Medorrhin 200, one dose.

10-2-09. The wrist (right) is almost all right, but the left is still very troublesome, movement is very painful. There is a deal of swelling and the urine is loaded. Apis 6x, thrice daily.

11-2-09. R. Babu's arm much worse to day. The wrist is very much swollen and painful. Plb.

11-2-09. In the evening he has a thickish discharge. Pulsat. 200.

12-2-09. He is much better to-day.

15-2-09. Saw R. Babu to-day. He had great pain last night. Sulphur 200, one dose.

17-2-09. R. Babu better. Plb.

19-2-09. The swelling is going down beautifully.

22-2-09. Saw R. Babu this morning. He is much better. The right wrist is all right, but the left one is still a little swollen and painful.

27-2-09. Saw R. Babu to-day. He is almost all right. Plb.

1-3-09. R. Babu called at my house. He is all right, so far as the inflammation of the arm is concerned and he thinks that he is all right, but I think the syecosis is in his system yet and he will have to have that attended to.

CASE III.

A case of Cholera in a woman, 40 years old, in Jugipara. The patient has been purging and vomiting since 10. p. m. last night. I saw her at 8-30 A. M. She is having violent cramps in the extremities and abdomen. The pulse almost imperceptible. The body is cold. Generally the patient's condition looks bad. Secale 30, every three hours.

In the afternoon I got the report that she was not better. The vomiting was incessant and the vomited matter was greenish. The cramps were also very severe. Cupr. sulph 30, every two hours.

1-2-09. Saw the patient this morning. She is much better in every way, but she has not passed urine yet. Placebo every three hours.

3-2-09. Got the report that she was all right. Cupr. sulph. acted very nicely in this case.

CASE IV.

A case of chronic bronchitis with asthmatic fits in a gentleman about 40 years old in Dudge-budge. He is a hard-working man of rather irregular hours and suffers from indigestion also. He had a very bad attack some 10 days ago and was still suffering from the effects thereof. Had homeopathic treatment from the beginning. Took Bry, Puls and Ant. Tart. according to indications. When I visited him his condition was rather critical. There was great difficulty of breathing infact he was in agony. The prostration was extreme and pulse was hardly perceptible. Temp. 96-4. The outlook was bad no doubt. Arsenic 200 every 3 hours.

24-2-09. This morning I heard that he is quieter and the temperature was 98. Placebo, every 3 hours.

25-2-09. I saw the patient again to-day; Arsenic has really saved a man from the jaws of death. He is remarkably better in every way, but there is slight cedema of the lips and the face looks puffy and the urine also is rather scanty. Apis 6x, thrice to-day.

27-2-09. The patient is improving.

2-3-09. This patient came to see me at my office two days ago. He is all right now, but still very weak. I recommended him to go to Puri for a change.

MEDORRHINUM IN CHILDREN'S DISORDERS.*

JULIA C. LOOS, M. D.

Harrisburg, Penn.

Study of Medorrhinum and of the children whose condition calls for this remedy impresses upon the physician that "the sins of the fathers are visited upon the children to the third and fourth generation." Such study forces upon our attention the very widespread results of what Hahnemann described as the miasm, sycois, impoverishing the very vitality of the best-intentioned people, living and blighting the homes of the most virtuous.

Much as we may attempt to ignore or to ridicule the idea of regulating the treatment of our patients for what has come to them through inheritance, much as any one of you may scorn the suggestion that a constitutional disturbance underlies the many ailments of the patients brought to you for treatment, however, ridiculous it may appear to talk about a constitutional remedy for an individual, that will be required to clear out the variety of disturbance

* Read before the Pennsylvania Homeopathic Medical Society.

which he may suffer, study of the nosodes and the patients requiring them reveals that if we would do for our patients what is expected of physicians, if we would free them of recurrent disturbances, we must recognise just that fact which Hahnemann learned after twelve years of careful research. When he succeeded repeatedly in dispelling acute troubles but found them recurring and finally failed with remedies that had previously proved beneficial in the same disorders, he sought an underlying, chronic disturbance and from his study, revealed to all, the three chronic miasms.

Medorrhinum is one of the remedies to be considered when apparently homeopathic remedies do not give proper results or do not hold results gained, or the same sort of disorder takes different forms in successive recurrences in the same individual; when convalescence fails to occur after acute disorders or no definite image can be formed, in children of gouty, rheumatic or catarrhal parents. In such constitutions compare the symptom image with the provings of Medorrhinum.

CONSTITUTIONAL AND CHARACTERISTIC SYMPTOMS.

The following are symptoms of Medorrhinum provings which occur in children's disorders. These have been observed in the children. Many symptoms belonging to the remedy have not been included as the *children* only are under consideration in this presentation :

Head, disproportionate size for the body, in infants. Child cross during day, exhilarated, wants to play at night ; irritable over trifles, impatient. Fretty, moaning, crying, good only when asleep ; mental anxiety evidenced in fretty restlessness and expression of discomfort and unhappiness, even in infants. Sensitive to criticism and correction, imagines has been harshly treated, morbidly over-conscientious over trifles. Weeping disposition, can scarcely speak without weeping. Fear of dark.

Skin colorless, marked pallor, transparent appearance, waxy ; finger-nails pale, sclerotics blue. Anemia, leukemia, blood whitish from excessive leucocytes ; mucous membranes and gums pale.

Eruption of single, white, desquamating spots, often on red base, clustering at edge of scalp, on front or back of thorax, on thighs ; superficial raw spots on infants' faces or bodies as if a sharp fingernail had dug out the cuticle, moisture oozes, scabs over but the child picks at them repeatedly, and they may continue for years. Perspiration copious, especially on head, especially on exertion and during sleep. Sensitive to drafts ; disposition to effects from cold ; aggravation from bathing, also at sea-shore, in cold damp weather, also in spring. Dwarfed in development, dentition, locomotion and speech delayed. Enlarged lymphatics, glands swollen, painless, especially hardened, cervical, jugular, axillary and inguinal. Catarrhal condition with greenish discharge. Bone affections through periosteum and soft parts with repair of tissue, not destructive caries, rachitic condition. Hungry even after eating. Weakness, too weak to stir ; infants, many months old, carried on pillows ; lazy, averse to motion and activity. Awkward legs ; restless legs ; restlessness at night, travels all over the bed, from the head to the foot. Sleeps with hands over head, reclining on back ; sleeps with knees drawn up, back hunched up and face in pillow. This has been observed in no other remedy. Cough and other symptoms ameliorated in the position. Emaciation, marasmus. Digestive and nervous disorders. Lack of reaction to carefully selected remedies.

Coryza with constant white, watery discharge ; recurrent coryza ; nostrils sensitive to inhaled air ; post-nasal obstruction, mucus thick white, yellow or greenish. Adenoid development. Laryngeal disorders ; dryness of larynx occasions spasms of glottis and cough on beginning sleep. Cough dry, rattling in thorax, almost incessant ; aggravation at night ; on beginning sleep ; reclining ; amelioration reclining on abdomen or forward with knees drawn up. Thorax sore to touch, worse from motion of respiration.

Diarrhoea, evacuations of mucus and serum, jelly form of mucus, mostly mucus, bilious, greenish yellow, thin cream colored, often becoming green after evacuated, as of chopped greens, or chopped boiled potatoes and greens, offensive odor as of old cheese, decayed meat or eggs, scanty or copious ; involuntary evacuations ; oozing

of thin, watery, green discharge, odor of fish-brine. Diarrhoea and vomiting with intense emaciation. Desperate condition in intestinal disorders; cholera infantum with opisthotonus, rolling head on pillow.

Constipation with dry, round, hard lumps; masses resembling clay, much straining to evacuate rectum. Leans back to strain.

Mouth ulcers; offensive odor; offensive odor of mouth in morning; teeth serrated. Thirst. Vomiting mucus and bile, sour, bitter, retching; vomiting without nausea. Stomach pains intense, urine frequent: copious, offensive, dark color, cuticle on surface. Leucorrhoea acrid in small girls. Extremities thin and weak; abdomen may be large.

ILLUSTRATIVE CASES.

The following cases, treated during the past year, serve to illustrate how these symptoms are grouped in individuals, also illustrate the action of the remedy in actual use.

Case 1. Girl, 2½ years old. Head large, in proportion to body since birth. In early months, much digestive disturbance, intestinal pain, lack of nutrition, general anemia, pallid, transparent skin, blue-white sclerotics, face sometimes gray with red eyelids and lachrymation, especially in open air. Head drawn back during sleep, in early weeks, rolling head on pillow and generally restless when awake. Later, restless during sleep, all over bed from head to foot. Perspiration copious over entire body, during sleep, pillow soaked from it. Weight at birth between eight and nine pounds. At five months had gained but two pounds. At age of one year, anterior fontanelle open to length of one inch, no teeth erupted, no efforts to use feet, even to press upon them, flesh flabby. Eruption about buttocks of clusters of red rash, at times dry and scaly. Cervical glands in jugular region enlarged. Respiration obstructed by adenoid development. Fed at that time on cow's milk modified with malted milk. Mentally alert and inclined to be precocious. Sensitive paroxysms of nervous weeping. In this first year there was no practical, continued improvement in her condition, carefully observed and treated with what

appeared to be homeopathically indicated remedies. The cervical glands increased on both sides of the neck. In July, 1907, Medorrhinum was administered. This was followed by diarrhœa of yellow, mushy, offensive evacuations and later, eruption in large blotches, spread from head over entire body. These led to an error in prescribing, when the action should have been permitted to continue. After Calc. ost. and Silicia, the gland on right side of neck suppurated, discharging thin green and thick curdy masses without pain. The tumor on left side of neck continued to increase to the size of $2\frac{3}{8}$ inches x $3\frac{1}{4}$ inches x $\frac{1}{2}$ inches protrusion from surface of neck. At this time, January, she had six teeth in front of mouth, four back teeth on left side, and no teeth on right side. She weighed 25 pounds, was able to stand but fearful about walking alone, chattered much unintelligibly, speaking a few words clearly and presented a very irritable, fretty disposition. The mother reported at that time, that she reclined much on the abdomen and frequently with knees drawn up and face in the pillow. Review of the record revealed that the first real reaction occurred after Medorrhinum and this was repeated. Decided activity in the glandular tumors followed, accompanied by improvement in the child. By softening, absorption and suppurative discharge of greenish yellow, offensive, partly bloody, fluid and white curdy masses, the entire mass was reduced so that no swelling was observed by inspection; in May, some slight swelling revealed by palpation. An irregular, dull red scar gradually fading in color marks the site on each side of the neck. On the right side there is a small, softer enlargement posterior to the old one, though not increasing now. The child is far from complete restoration to health but vastly improved. In May brain manifestations led to the use of Lycopodium, which proved beneficial as an intercurrent. The mother of this child was under observation and treatment all during, and at times before her pregnancy. Both parents are especially fastidious. Careful investigation into the family history reveals no evidence of sycotic infection in either of the parents nor in the grandparents on one side. From all that could be learned, the

conclusion was drawn that the miasm was transmitted in this case through three generations. The nosode has changed the physical condition of the child, which presented anything but a hopeful prognosis for her future life.

CASE 2. A sister of the first, has presented less defined image of disorder, having profited by the lessons gleaned from the older child. She has suffered from the intestinal disorder, having had one serious siege of cholera infantum in her second summer, and presents general slow development. She has afforded an opportunity to observe a variation in the characteristic posture of Medorrhinum, when too young to assume that. Her characteristic sleeping pose, in infancy was on the back with legs flexed at thighs, feet high in the air and legs erect. This position was maintained in spite of all efforts of her mother to induce her to change. Many of the characteristics of the sister exist, but less of disorder manifestations.

CASE 3. A boy, who was two and a half years old in March when he first received Medorrhinum. All winter he had suffered from cough, scarcely recovering from one siege of tracheal or bronchial catarrh before a fresh one developed. Twice during the winter there were serious sieges of capillary bronchitis, promptly responding to Ant. tart. In March his mother reported that he always prefers to sleep on knees and face, even if he reclines on back on first going to bed. Review of his record revealed the following features which are consistent with this peculiar posture. In the first weeks of life he suffered much from intense flatulent intestinal disturbances. Scurfy eruption on scalp and face persisted for months and clusters of white and red rash spotted the buttocks. He was of nervous temperament, mentally precocious, fretful and irritable, often screaming much at night. Diarrhœa much during the first year, and in its last month occurred a desperate siege of cholera infantum with green, mushymucous evacuations. Urine acrid, ammoniacal odor, chafing the skin wherever it touched. Perspiration copious always, awake or asleep on slightest exertion, soaking the pillow in sleep. Catarrhal tendency, developing acute exacerbations without apparent provocation. Tendency to green, mushy, mucous.

diarrhoea. This child has pale anemic skin with often highly flushed cheeks. There has been the same unsatisfactory result from treatment usually found when the underlying disturber is not reached. Positive knowledge of the parents both of whom were under observation and treatment before the child's conception, reveals absence of sycotic infection in the parents. Family history leads to suspicion that it probably occurred three generations before the child under consideration, evidences of inherited miasm existing in the intervening ones. After Medorrhinum this child enjoyed a longer freedom from any cough than he had previously experienced through the entire winter.

CASE 4. A boy of eight years, whose father suffered sycotic infection in early life and supposed himself cured through palliative measures. In his first year, this child was the victim of intense marasmus and had tendency to diarrhoea since, aggravated by eating fruit. Evacuations part watery, part formed, yellow, offensive. Subject to enlarged tonsils since five years old. Every effect of cold manifested in tonsils which are enlarged and slightly reddened between times. Sometimes cervical glands are swollen at the same time. Perspiration copious on neck and head. Weeping disposition, at times irritable; conjunctivæ reddened; appetite poor. After partusis, cough continued for months. Child thin, spindling with pale, anemic skin. After Medorrhinum, cough disappeared, tonsils, appetite, diarrhoea, sleep, disposition, eyes, all improved during the next two months, so that he was quite altered.

CASE 5. A girl of three years, whose father supposed himself cured of sycosis before marriage. Eruption of small vesicles in clusters on red base on back, neck, shoulders, and upper arms, more prominent in afternoon and night, after bathing and at times after sleep, itching; skin rough, scurfy, mottled after bathing. Face often milk-white, always pale. Conjunctivitis with lachrymation, thick, yellow discharge in morning. Coryza, with greenish-yellow, thick, discharge. Hands cold in the morning and lips bluish, neck-glands swollen temporarily at times with cold effects. Walking and dentition delayed. After Medorrhinum, improvement was de-

cided and even a siege of pertussis occasioned no interference in progress.

CASE 6. A girl, at three years, presented the history of diarrhoea during early infancy, during many trials with artificial foods. Constipation followed and persisted: straining to evacuate large masses of agglomerated balls of various colors. Appetite variable. Preferred milk, deglutition of solid food appeared impossible after it was masticated. Covers kicked off at night, appeared too warm when covered. Eruption on red base, on nates; at times successive crops of furuncles on nates. Urination in first sleep, ammoniacal odor. Dentition delayed until eleven or twelve months old, then suffered meningitis during dentition. Disposition whiny, fretty, inconsolable, sensitive, screaming when irritated. When not in disorder has a sweet temper. Tired, cannot be induced to play outdoors, remains indoors from choice. Sepia improved this child for a few months, then its action ceased. She was peaked, tired, cold in summer. Then Medorrhinum carried on the work and in every way improvement was marked. This was given after considering the father's early life. During a siege of pertussis, Cuprum and later Nux-vom, were very beneficial, the constitutional following with excellent results.

CASE 7. A boy was presented at the age of four months, weighing sixteen and a quarter pounds. There was much to suggest Calc. ost. in him in the next five months in appearance and perspiration and late dentition. The chief complaint was constipation; irregular evacuations, two days at a time without any, then two or three a day of light yellow, watery, offensive evacuations with white curds, sometimes with green streaks or mucus, voided with straining and pain. Vomiting of curdled milk. Jerking on beginning sleep, throwing arms and legs during sleep, taking only short day naps, waking in fright. Calc. ost., Pulsatilla and Silica were used in succession with temporary relief. Because of absence on a visit, he was not seen for many months until he was eighteen months old. Slight change from the previous history was observed. Diarrhoea continued for a month, evacuations similar to those described with

acid nature and lumbricoid worms. At length the peculiar posture of *Medorrhinum* was reported, the father adding to the evidence that he remembered having slept that way himself in boyhood. In his boyhood, he was so weak and prostrated by least exertion that he was expected to leave this world at any time. By determination, he trained himself into a walker and thus forced himself to exercise in open air until he became robust. General improvement followed the use of the remedy, the evacuation, assuming form and normal color within two weeks. The position in sleep was also changed. At twenty-two months, began evidence of inco-ordination of lower extremities, followed by actual innervation loss in them. This progressed to a very serious internal hydrocephalus, during which he was powerless to sustain any exertion, unable to open the eyes and manifesting absolute indifference to all surroundings. Cina at length delivered him from this and all functions were regained, locomotion being the last, this having been the first manifestation. Since that time Cina and *Medorrhinum* have been of benefit to him, the chief complaints being his very erratic temper and frequent, often involuntary, urination, day and night.

Inquiry of the physician who formerly treated the father and all that family for many years revealed no knowledge of sycotic infection in the two preceding generations to this child, though the father presented the *Medorrhinum* evidences above-mentioned in his youth.

CASE 8.—A sister of the last, now five months old, who has been exhibiting diarrhoea, of yellow, watery, acrid evacuations, or yellow, mushy, becoming green after evacuated, or green, watery, with white curds and clear lumps of mucus, copious or scant, sometimes only a stain. At first there was much painful straining, later this was absent. She is at times fretful, uneasy, indefinitely restless, though much less troublesome to attend than was her brother. She weighed sixteen pounds at three months. At first it appeared that *Nat. sulph.* was her best friend in remedies, but this held control only for a short time. Ten days ago she was

given Medorrhinum, with improvement following, manifested first in her disposition.

CASE 9. This child weighed four pounds and a quarter at birth and during her first week lost a quarter pound. As you see her to-day she weighs seventeen pounds in her first summer. Last year she required constant care as a marasmus child. Feeding was a problem for, deprived of her natural food through lack of quality and quantity in the supply, she very cheerfully but persistently refused cows' milk prepared in the usual way for infants. When she was starving apparently, she refused to permit the nipple to be placed in her mouth to take milk. She was always satisfied for a while after taking one of her sugar powders and found water comfortable. One day, after a period of more than an hour spent in persistent, continued crying, with the most appealing look of hunger in her eyes and refusal of everything offered in the way of food: pap, milk, water, salt, a taste of ordinary sugar was given. This supplied the craving and instantly her crying ceased and did not resume for an hour. Bovine was then received with pleasure and this with Eskay's food milk served her for months. Although restless and uneasy, she was disposed to be cheerful and playful when in the least comfortable. She was a mental precocity, alert and active. Constipation was her constant ailment and source of sorrow to the household, who considered that feature the cause of all her troubles. After two or three days without an evacuation, there would be one of hard, green mass or mushy, watery, with flatus of offensive odor. Such flatus also was passed without other evacuation. Study of the leading features through many changes resulted in her having many remedies, one after another. Improvement was temporary and she gained very slowly, her interest in feeding being very variable. From time to time symptoms of brain disturbance were present, rubbing head, rolling it, crying out in sleep and jerking in sleep. Perspiration was copious in sleep. Disposition sensitive, changeable, easily offended, usually gay and playful in evening, late beginning sleep. When not gay, very irritable and appealing in her cries. During January of this year she survived

a siege of capillary bronchitis, measles and on the last day of the month, in the midst of play, surprised her mother with a convulsion. This was repeated next day at intervals of from one to two hours, finally yielding to *Cicuta*. Five weeks later, on the day she was one year old, convulsions began again and after a night's cessation continued the next day every hour or less almost without variation. Careful study, this time revealed the image of *Opium* in the spasms. This remedy appeared so similar and yet so slow to bring results that it was decided, with Doctor Gladwin in consultation, that something underlying the apparent condition was interfering with the apparent homœopathic remedy. *Tuberculinum* was administered after further study, though one interval was extended beyond the usual time of the spasm's return. Since that no spasms has appeared. For a week everything progressed beautifully, then the old constipation returned. Large masses just within the anus slipped back instead of being evacuated, in the efforts of hard straining. At this time attention was also directed to the posture in sleep, which was on the back with arms above the head and feet in the air, the legs flexed only at the hips. Use of *Medorrhinum* in this case ended the story of terrible straining with hard fecal masses, which had been heard not only of this child but of her mother and grandmother. Continued improvement has followed. *Cina*, for nervous manifestation, and *Cham.* for earache once, have been beneficial. Her first tooth was erupted after she was thirteen months old. Her creeping began after her fifteenth month and only last month did she walk with any certainty and confidence. In her humorous antics she is a constant circus performance to her family, but she does not talk in our language.

The parents of this child and a brother of her mother were marasmic babies. Careful inquiry reveals no suspicion of infection in her parents, but family history leads to suspicion that it occurred three generations ago. Both parents are excessively nervous and anxious and disposed to fret and were particularly solicitous, because the first child born two years before this, weighing over eight pounds, had died at four months after beginning life similarly to this one.

All these cases are in good families, where every known attention has been given to the rearing of the children and on the surface there appears no reason why the children should not thrive easily. Acquaintance with remedies and transmitted miasms reveals much below the surface and will be of value in dealing with hundreds of children whose complaints rest on just such obscure bases as do these.

THE THERAPEUTIC ADMINISTRATION OF TUBERCULIN.

In a recent article in the *Lancet*, entitled "A contribution to the study of the Administration of Tuberculin in Pulmonary Tuberculosis," Dr. Arthur Latham, the celebrated English authority on tuberculosis makes some statements that are of great scientific importance, and that are specially interesting to homeopaths. While the entire article contains much valuable material, we desire to call attention at the present time to his statements relating to the dosage of tuberculin and to the effect of its oral administration.

A brief review of the history of tuberculin as a therapeutic agent may not be out of place. The first physician to use the products of tuberculin bacillus in the treatment of tuberculosis in modern times was Dr. Swan, a homeopathic practitioner of New York, in about 1874. Dr. Swan's preparation was made by triturating the sputum of a tuberculous patient, and to this preparation he gave the name *tuberculin*. Sputal tuberculin, however, had been employed in much earlier times, for we find that more than two hundred and fifty years ago, Dr. Fludd, an English physician taught that the sputum of a tuberculin patient would cure consumption. This does not lessen Dr. Swan's credit, however, as we have strong reasons to believe that he was not familiar with the writings of Dr. Fludd, and reached his conclusions as to its value from entirely different premises. Dr. J. Compton Burnett, a homeopathic practitioner of London, who has written quite extensively on this

subject, for several years made use of Swan's sputal tuberculin in his practice, but later made a preparation which he termed *bacillin*. This preparation is made by removing some tubercles from the lung of a person who has died of pulmonary tuberculosis and triturating them. This would naturally contain everything pertaining to the tubercular process—bacilli, toxines, debris, etc. In a general way it corresponds to Koch's "New" tuberculin, which is made by triturating virulent tubercule bacilli in sterile water.

In 1891, Dr. Burnett published the second edition of his work on the treatment of tuberculosis by tuberculin and bacillin, both of which he had employed many years before Koch discovered his tuberculin, and in fact even before such an organism as the tubercule bacillus was known. In the preface to his little volume, published just after the excitement following Koch's discovery of tuberculin was beginning to wane, Dr. Burnett said, "Koch and his world-framed remedy have come and gone. But they will return again anon and * * * remain—only the dose will get smaller and smaller until the long condemned homeopathic dilutions will acquire the rights of citizenship in the universities of the world. *What now bars the way to the further progress of Kochism is the awful admission that will have to be made of the therapeutic efficiency of the infinitesimally small*: the little dose is the great barrier to its onward march: the barrier will be knocked down in time, and then what a rush there will be to prove it. Homeopathy is the winning horse at the Medical Derby of the World, and presently will be hurried past the winning post by Orthodoxy itself as the rider."

When these statements were made by Dr. Burnett, they were, of course, considered as the ravings of an enthusiast, and unworthy of serious consideration. The fact that he was guided by the principles of homeopathy in making these predictions served only to make them appear more absurd to the orthodox medical man. Let us compare the words of Dr. Burnett with the views expressed by Latham, in the article in the *Lancet* previously referred to. Dr. Latham says: "A brief trial of tuberculin in the doses recommended by Koch led to its emphatic condemnation at the hands

of most leaders of medicine at that day, although Koch's work was founded on the sound scientific basis of active immunity. The profession in this country, after a short trial of the remedy, allowed it to fall into discredit and disuse. *It apparently never occurred to any of those who so roundly condemned, and who, it may be added, still continue to condemn tuberculin that the ill-effects produced were due to an improper use of the remedy, and that tuberculin, like many other remedies which do harm when given in excessive doses, would give good result when given in proper doses.*" (Italics ours.—EDS.)

After condemning the dosage of tuberculin originally recommended by Koch, Latham goes on to state that the proper dose varies with different individuals, and that in some patients as little as 1-100000000th of a gramme will cause a rise of temperature.

One cannot compare these statements of Burnett and Latham without being impressed with how completely and how accurately Dr. Burnett's prophesies have been fulfilled, even to Orthodoxy riding Homeopathy to victory. But there is another great truth that forces itself upon us by comparison of these statements, namely, that a single individual, guided by the principles of homeopathy, was able to state conclusions that the old-school were only able to reach after seventeen years of experiments and failures, involving the sacrifice of hundreds of human lives. Shades of Hahnemann! of Hering! and of all pioneers of homeopathy! would that you might have lived to see the day when a member of the dominant school of medicine standing in high repute dares to state that physiological effects may be observed from the administration of a remedy in what would correspond approximately to our seventh decimal dilution. And what, let us ask, must be the feeling of some of our old-school friends, who have so long made merry over the idea of a homeopath placing one drop of aconite in a glass of water and expecting therapeutic results therefrom, who now see one of their own authorities, after careful scientific investigation, recommending that tuberculous patients be treated by dissolving one drop of tuberculin in a bucket full of water (a gallon and a half,

approximately), and a few drops administered at a dose every two of three days ! *Magna est veritas et prevalebit !*

Dr. Latham's investigations as to the effect of tuberculin when administered by mouth are of great practical interest to clinicians of all schools of practice. He finds that when tuberculin is administered on an empty stomach, the same effects are produced on the temperature curve and on the opsonic index as occur when the subcutaneous method is employed. As far as could be determined by the experiments, a dose given by mouth is equal to about half the same dose given under the skin. He further states that the absorption from the stomach is rapid, and where an excessive dose is given, symptoms of intoxication appear in from one to two hours.

While the oral or subcutaneous administration of tuberculin has nothing to do with its homeopathic relationship, it is true that the confirmation of the efficiency of this remedy when given by mouth will do much to make it more generally popular among practitioners. There were certain features about the subcutaneous administration of the remedy which, while not dangerous provided the dose was a proper one, made it inconvenient and even bothersome for use in general practice. Dr. Latham's investigations have confirmed two facts that fully reward him for the careful and painstaking work he has carried out, namely :

(a) The therapeutic value of tuberculin in infinitesimal doses, and

(b) The efficiency of this remedy when given by mouth.

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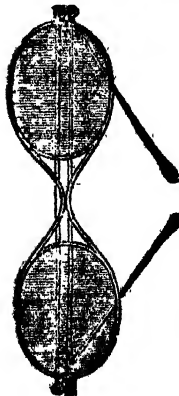
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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

Vol. XVIII.]

APRIL 15, 1909.

[No. 4.

WHAT IS CURABLE IN DISEASES ?

Hahnemann said homeopathy will cure what is curable in diseases, *i. e.* it will cure those groups of symptoms (*i. e.* different diseases that have been named and described by our pathologists as incurable) that are amenable to treatment. Now then what is the difference between the Hahnemannian doctrine and the pathological dictum. The difference is that the assumption of the pathologist is a dogmatic assertion, while that of Hahnemann is the enunciation of an immutable law of nature.

It is an admitted fact that pathology undergoes radical changes along with the new discoveries in connection with the nature and cause of different diseases. The pathology of fifty years ago is very different from the pathology of to-day. The more recent discoveries of bacteriology have more or less revolutionized the medical world and have changed the etiology of nearly all the diseases. And so pathology will always remain an uncertain science. To-day we hear that cancer, tuberculosis &c. &c. are incurable diseases because pathology says so. But not so with homeopathy. It deals with the human body, not merely the flesh and

blood with which it is made, but it takes into consideration the vital force without which this body is nothing. It is a most wonderful thing that our brethren of the other school never think about this factor, without which our body is nothing. They are always busy cutting out this cancerous growth, that inflamed appendix, and the other enlarged tonsil. It never strikes them that a man lives fifty years with an enlarged tonsil and sometimes dies on the operating table in spite of the fact that the diseased organ has been removed. It is then our primary duty to take into consideration this vital force which has been so wisely termed dynamis by Hahnemann. It is on this that Hahnemann has based his law of cure. Disease may change its nature, course and type but the vital force will always remain the same. We may have new remedies discovered according as new kinds of diseases come into existence but our therapeutic law will always remain the same. We may discover new remedies as well as new diseases but the law *Similia Similibus Curantur* will always remain the same. To declare one disease incurable and another curable is always a dogmatic assertion. A disease is curable so long as the vital force is strong enough to resist and to overcome its effects, no matter what the name of the disease according to the pathological nomenclature. We have ourselves cured decided cases of cancer, tuberculosis, valvular diseases of the heart, cholera, plague, smallpox, beri-beri, &c &c., but we have never treated these diseases as they were told by their other physicians, but have always treated the men who have suffered from these diseases. The credit has not been ours. It was Hahnemann's immortal law of cure that enabled us to effect these cures.

J. N. M.

A GREAT OCCASION—NATIONALISATION OF HOMEOPATHY.

Let no British homeopath forget the seventeenth day of March next, and the hour, 4 P. M., and let no British homeopath—lay or professional—who can possibly be there, fail to respond to the Lord Mayor's invitation to be present at the Mansion House meeting. For on that day the Lord Mayor of London and the lady Mayoress, Sir George and Lady Truscott, offer the hospitality of the Mansion House to the homeopathic cause. The highest civil dignitary of the Empire calls a national council on Homeopathy.

It will easily be seen that this is an opportunity which homeopaths must not let slip. It too often occurs when rise to high office in the community or the state is allowed to outweigh the claims of causes which they have espoused in unofficial days. This is far from being the case with Lord Mayor Truscott. He has found in homeopathy one of the best of friends, and he has nobly testified his gratitude to the system of Hahnemann, in the time and money he has lavished on its institutions. And he is not the man to forget it when an opportunity comes of making known to the nation and the empire how greatly the empire may benefit by advancing the cause of this great Imperial asset.

It will not be forgotten that it was Sir George Wyatt Truscott who secured the hospitality of the Hall of the Stationer's Company for the inaugural meeting of the British Homeopathic Association, which took place on April 25, 1902 and was presided over by Earl Cawdor. Ever since that day Sir George Truscott has taken the deepest interest in the work and progress of the Association and now the

opportunity has come, he is determined to put the finishing stone on the Association's endeavour to nationalise Homeopathy.

This is why it is the duty of every homeopath to attend the advisory meeting and so rise to the situation which is thus created by the Lord Mayor's action. Besides Sir George Truscott, Earls Cawdor and Donoughmore are taking part in the proceedings, and representatives from every homeopathic centre will be officially summoned.

The object of the meeting—which is an advisory one—is to consider how homeopathy can best be made an endowed state servant and established as a great state interest.

It is to this end that the British Homeopathic Association has been working since its formation, and on its efforts Sir George Truscott has determined to set the scale of his great office. We cannot believe that the homeopaths of Britain will fail to respond to his call. The British Homeopathic Association is now in a position such as it never before occupied to unite and co-ordinate the interests and aims of the homeopathic community. It has a home in Chalmers House. It has been chosen along with the London Homeopathic Hospital to administer the teaching of Homeopathy by the Hahnemann Gillespie Trustees. It has organised lectures for the homeopathic public and the homeopathic profession, and with the support which the Mansion House fund will doubtless supply it will be enabled to set in motion a complete and regular course of systematic instruction in the science and art of Homeopathy.

Homeopaths of Great Britain ! Fail not to respond to the call of the Lord Mayor of London.

—*The Homeopathic World.*

IMPORTANCE OF CARE IN DIAGNOSIS.

BY C. E. SAWYER, M. D., MARION, O.

There was a time when it seemed all sufficient in the making of a homeopathic prescription to rely entirely upon symptoms alone. This policy answered so long as there were so many elements of doubt connected with the discovery of causes and effect and the making of a diagnosis, but since much of what was heretofore guess-work has been overcome by scientific research, it is no longer consistent or advisable to continue such policies.

I am always chagrined at the apology offered by some of the authors of papers before the American Institute for the using of ways or means aside from the indicated remedy. Homeopathy in my opinion does not consist of drug prescribing alone. I believe that the true homeopathic principle is broad enough to incorporate every means that is reasonable in the discovery of the cause of the disease and the remedies to be employed in its removal, and so I dissent from any policy that is more restrictive. I should dislike to think because I am a Homeopath that I could not employ any and all means which would strengthen my position as a doctor, my reputation as a professional man and my client's possibility of recovery. The Homeopathy I stand for is the broadest and best that science, practical experience and underlying fundamental principles provide. It is the Homeopathy which knows no restrictions to advancement, no apology for the absorption and application of all that is good for sick humanity from whatever source it may come. I stand for the principle that nothing is too good, no evidence too positive, no conclusion too certain, and so, I am here to-day in the presentation of this paper to argue as best I may for one of the important adjuncts in the carrying out of the true homeopathic prescription. I do not mean in the term diagnosis to simply accumulate symptoms and tabulate them, as rheumatism, neurasthenia, dyspepsia, hysteria, constipation, paresis, locomotor ataxia, insomnia, Bright's disease, diabetes, etc. etc., but I do mean the diagnosis that deals with the individual case, the diagnosis that determines cause and signifies

effect. I do mean the diagnosis that makes prognosis possible, and in making such diagnosis I mean to employ the care that comes from precision, careful records, scientific research, and the systematic classification of cases.

In the making of a diagnosis that helps the homeopathic law we fail in our duty if we do not go into every detail of history, every elemental cause, every concomitant or concurrent condition. We owe it to the law of Similia to give the prescribed remedy, every possible assistance and to remove every handicap. The principle of Homeopathy stands to-day as it never stood before, as pre eminently the best and surest law of drug prescribing known. To continue the prestige it has gained, to improve the certainty of the carrying out of the homeopathic prescription, and to leave no doubt with those who are investigating the merits of true Homeopathy, we should make it manifest upon every hand that we are awake and ready to employ anything and everything which improves or increases the possibilities of the selected remedy. Some may say that there are many instances in which diagnosis does no good so far as curative effects are concerned. This we admit because we know that correct diagnosis oftentimes only means unfavorable prognosis, but we do know also that careful diagnosis always aids in making the most scientific homeopathic prescription, and that care in diagnosis is always advisable. Cases that have been dubbed this, that and the other, and unfavorable results prognosticated, may, when employing more careful diagnostic principles, be added to the curable class. It is a recognized fact that chronic diseases among the American people are on the increase. The cause of this is due largely to oversight on the part of the general practitioner. Conditions are not defined carefully enough in many instances to prevent the disaster which is sure to follow if the disorder in its premonitory stages are not thoroughly understood and eliminated. Therefore, I would urge that the liability lies largely with him who sees the patient first, and it is here that I would begin the process of extreme care in diagnosis. Subjective symptoms are not to be relied upon only to a very small extent, because they vary greatly in different individuals and oftentimes in the same individuals.

at different times. So I would emphasize the importance in every case of a careful weighing and formulating, of the objective symptoms.

Drugs, no matter by what law prescribed, have only a certain field of usefulness, and they only attain their highest degree of success in any case, no matter how well indicated when aided by every physiological method, every hygienic and dietetic law, every physical culture means, every surgical assistance, every suggestive help, every diagnostic aid. No matter how clear-cut the indications, no difference how positive and definite the signs indicating the remedy, there is no case in which assistance may not come and benefit be derived from the carrying out of the vigorous adjuncts, and especially of careful diagnosis.

The past of Homeopathy owes its being to careful investigation, its present to the acknowledgment of reasonable limitations, and its future to the promulgation of progressive ideas and the acceptance of diagnostic help. There are cases which medicines alone will not cure, and it is to assist in defining the cases that are curable and to help to fit the homeopathic remedy to the case that I make this plea for care in diagnosis.

There is no evidence quite as positive as practical experience, so I cite the following cases. The first two are very recent ones, and are given to show the fallacy of subjective drug prescribing and to illustrate the necessity of laboratory research and of particular care in diagnosis.

Case 1. A young woman, age 23 years, taken from her graduating year in one of the leading colleges because she was the subject of a daily recurring headache, which made it impossible for her to pursue her vocation as student. Her subjective symptoms were those of distress in the frontal region, worse upon using her eyes, pain aggravated by noise, sleepy but could not sleep. Feeling of malaise, loss of appetite, dry tongue, but no desire for water, subject depressed and melancholic, could not stand company or the presence of many people.

Had lost about 25 pounds in weight. Here was a case that had

been treated, first, as the result of eye strain, afterwards as overwork, later as a neurasthenic. She had been prescribed for by some of the best homeopathic drug prescribers. Had taken the indicated remedy, both high and low, had tried various glasses, and was finally set down by attending physicians as a malingerer. Here was a young woman just at the beginning of life being relegated to the "dump heap" of chronic invalidism because a diagnosis had not been made, because reliance had been placed upon subjective symptoms, because drugs had been prescribed symptomatically alone, because adjunct means had been ignored.

Looking at the objective side of this picture we find a blood count much below normal, sugar in the urine and a lowered blood pressure, from a subjective standpoint we would have failed as did our colleagues, but by exercising care in diagnosis we were in position to know that we have a serious condition requiring not only the proper drug carefully prescribed, but we know also the necessity of dietetic regime, of extreme care in all physical development principles, and above all, we know positively why this girl is an invalid. We know, too, that no single remedy, whether drug, surgical, hygienic or dietetic alone will help her out of her trouble. With this kind of knowledge of the case we are able to relieve her of the stigma of being a hysteric, to impress the family with the gravity of the situation, and to remove all doubt.

Case 2. From the same family comes the mother with a neuralgia, beginning in the right occipital region extending over the head and down the back. The paroxysms recurring with clock-like regularity at 2-30 every morning, and continuing with extreme severity until 4 o'clock in the afternoon, when there would be a slight intermission. Her expression was one of profound distress, she was much run down in flesh, very nervous, irritable and depressed. Her trouble had been called malarial neuralgia or sun pain. Still she lives in a locality where malaria was unknown, and she had no opportunity of malarial infection. The remedies employed had been : China, Arsenicum, Mezereum, Colocynth, etc., etc., in turn.

The results continuing unfavorable, Homeopathy was about to lose a long time supporter. Was it the remedies that were wrong? Was it the homeopathic principle that was in error? The answer is best given in the diagnosis. Careful examination along the nerve trunk showed a small exostosis on the occipital bone about the size of a lima bean, simple in its appearance, seeming to scarcely be worthy surgical interference on general principles, but results show its importance. Placing her under an anæsthetic a free scalp incision was made, the periosteum was dissected back carefully and the growth chiseled off. Care was taken to relieve adherent tissues in all directions while the nerve trunks were left intact. On awakening from the anæsthetic her pain was gone and has not recurred. Here was a case in which surgery was the only remedy, and to depend upon drugs symptomatically indicated was to bring discredit upon the homeopathic law and continue a painful and distressing existence. Had greater care been exercised in diagnosis all of this could have been prevented.

Case 3. A few months since we had a patient brought to our sanatorium who had been a bed-ridden invalid for several years. She had been subjected to several operations, among them being an ovariectomy, trachelorrhaphy and perineorrhaphy, etc., etc. These various operations having been performed at different times, brought about the shock consequent upon any operation, the necessity of confinement to bed and the interference of all the benefits of reasonable exercise and out door living. In other words, she had, owing to these conditions, developed an invalidic habit, with all the fear and disinclination for self-improvement in the way of exercise and proper habits of life. Here was a case which was not a *materia medica* case, for drugs, both homeopathic and allopathic, failed consummately. Here was a case that was not surgical because every surgical procedure made her worse. She had a train of subjective symptoms indicating every remedy from A to Z. A careful blood count showed only the anæmia that comes from confinement, urinalysis was negative, contents of stomach and fecal examinations were negative. Every objective sign showed that this patient was

the subject of too much doctor and too much surgeon. Her first doctor had scared her into the belief that she had heart disease when she only had a nervous palpitation, her surgeon made her think that emasculation was necessary to make her well, and so she went on. What she needed at least the means applied from which she recovered, were those of insistence upon getting out of bed and helping herself. She was taken off her self-imposed restricted dietary and made to eat like other people. She was taught to breathe properly, to look for good and beauty and happiness in the world, to take an interest in her surroundings and forget herself, and for the last year she has been a strong healthy woman, a wife to her husband, a mother to her family, and a joy to her friends, all the outcome of a careful diagnosis from an objective standpoint. It is so easy to receive and impart wrong impressions from subjective symptoms alone that I feel the necessity of emphasizing the indications of this particular class of cases. The indicated remedy here was the carrying out of life-giving principles.

Of all the cases that come to our observation there are none which demonstrate the lack of care in diagnosis more than those consigned rheumatism. Of all the expressions of lack of diagnostic ability this in our experience leads the van.

Our records of hundreds of cases shows this diagnosis to be the most common and by all ways the most erroneous. Under this caption we find assigned all sorts of disorders, but always prescribed, are Bryonia, Pulsatilla, Macrotin, etc., etc., depending upon whatever subjective indications seemed to lead.

To illustrate one of the commonest forms of error we find in this regard, I have to cite the following case :

Case 4. A man thirty-seven years, a railroad engineer, occupying official rank in the Brotherhood, was brought to us suffering distress in the lower part of the back and both lower extremities. The diagnosis he brought with him was sciatic rheumatism, supposed to be the result of exposure to cold. He was a man of fine physique, weighed about two hundred pounds, height 6 feet, and well developed in every way. His cold was good, his appetite fair,

His general appearance such as to indicate only a mild disorder. He was sleepless because of pain, and he suffered a great deal of acute distress, which was certainly of a neurotic origin. All of the subjective symptoms were those which should have recovered quickly under the use of drugs; in fact, subjectively, he seemed to be not a very sick man. Upon this basis he had been called a rheumatic, and had been treated in accordance with these findings with such remedies as Phytolacca, Bryonia, Cimicifuga and various forms of salicylate, all to no avail. Had we taken the same indications we would have no doubt used much the same line of treatment. A repeatedly flushing face, a quick pulse, and evidence of imperfect vision, led us at once to objective investigation. Urinalysis showed a large percentage of albumin, a small amount of urine with high specific gravity. Granular and hyaline casts in abundance with both pus and blood cells. Red blood corpuscles diminished, leucocytes, increased blood pressure 210. From these findings it was not hard to predict that this man was travelling a rapid course to an early termination and death. This man's opportunity for recovery had been sacrificed to an improper diagnosis. Had this condition been recognized early and the consequences anticipated as they might, this life might have been saved. Had the real conditions been known, had the indicated remedy been applied, and the necessary adjuvants supplied, "benefit" might have been written in the place of "died" in the case record.

Many of our cases of nervousness of all forms and degrees, both functional and organic, start from some slight physical cause which could be recognized if only sufficient care in diagnosis had been exercised, and by so doing many failures that are charged to the indicated remedy would be passed to the discredit of a poor doctor.

Out of a series of 1,000 cases of chronic disorders varying from all the phases of physical disturbance to all degrees of mental degeneration we find that a large per cent. of them have been improperly diagnosed. Among the leading causes of chronic disease we find toxæmias of different kinds, auto-infection is at

the bottom or indirectly of a large class of all forms of chronic invalidism, and nearly every case with scarcely an exception is perpetuated by some such cause or condition which only careful analytical and laboratory findings will disclose and careful diagnosis alone will make care possible.

There is no case or kind of illness in which the selection of the remedy is not aided by a careful diagnosis. If we know the organs and tissues that are really engaged in any derangement, we are in better position to choose the similimum. If we are fighting a specific bacteria, we are better prepared to increase the body resistance against such bacteria if we know the habits and conditions of the system that propagate bacteria, we are the better able to meet the requirements in the selection of the drug, for by knowing specifically what organ and tissue are affected, we are the better able to make a true homœopathic prescription.

Imperfect assimilation and incompetent elimination both demand consideration in the treatment of every case, and we are only capable of judging these by careful analysis. However we may regard laboratory findings, as to cause and effect they are certainly of very great importance in aiding the law of Similia Similibus Curantur in its action, because they help in the making of the most favorable prescription. Carefully kept records, systematic and thorough rules of examination are essential to the reputation of the doctor as well as to the credit of Homœopathy.

DISCUSSION.

Dr. Edgar: Diagnosis has been harped on for many years. I was able to demonstrate in my practice in Kentucky that a Homeopath who had a careful anamnesis recorded was a better diagnostician and prognostician than the allopath, and many were surprised at the diagnosis and the prognosis that the Homeopath was able to exhibit from his knowledge of materia medica. I would prefer the diagnosis of H. C. Allen to that of De Costa, because Allen would have the knowledge to follow up with the

correct remedy. If the anamnesis is properly recorded that also will make the diagnosis, and we are able then to follow it with the indicated remedy, and that is worth ten times the ordinary diagnosis, especially the one rendered by a physician who has been taught allopathy (suppression or palliative), no difference what the name was, that was attached to the college he attended.

Dr. W. J. Gundelach, St. Louis, Mo.: It seems to me there is really nothing of such importance in basing our prescriptions, as the making of a correct diagnosis, and I have no patience with a man who will simply prescribe for subjective symptoms. In prescribing we must take our objective symptoms into consideration just as much, and I think more, to gain the name of and to practise as intelligent physicians. The physician who prescribes only for subjective symptoms is not worthy the name. Dr. Sawyer says the most frequent error in diagnosis is made in cases of rheumatism. It seems to me another condition very much in that line is hysteria. I think it is a stigma placed on the female sex to say a woman is suffering from hysteria. I don't know what hysteria is. To me it seems a symptom. I don't believe such a disease as hysteria exists. When we say a woman is suffering from hysteria, it is an admission on our part, ninety-nine times out of a hundred, that we don't know what is the matter with the woman. That woman is suffering from fibroids, from congestion of any pelvic organ, from catarrhal disease, from a pericarditis, or endocarditis, fistula, rectal ulcers, congestion of almost any organ—anything—but I don't believe she is suffering from hysteria. The trouble is that we are not clever enough to find out what the woman is suffering from, and the trouble is with the doctor, not the woman. If we are clever enough we will find out why she is hypersensitive, why she is erratic or emotional in her temperament, why she has strange or vague symptoms. A woman who is physically *well*, does not have "hysteria." It behoves us to find the reason for her unreason.

Dr. Allen: In Hahnemann's *Organon*, paragraph III, right at the beginning, he tells us we should know what is curable in

disease and in each individual case of disease. We should know what is curable in each individual medicine, and fit these things one to the other. The homeopathic physician should be as careful as the allopath with his diagnosis, and more so; and be backed up and sustained with all the scientific paraphernalia. I congratulate Dr. Sawyer on the paper, but he has only told one side, there are other sides.

Dr. Eahnestock is right in there being something in subjective symptoms. We require all the symptoms, subjective and objective and we must remove all the causes before we cure disease. Hahnemann gives that in a footnote in one of the early paragraphs of the Organon. Puncture the abscess and remove the cause in case it is possible. That is Homeopathy. It is in prescribing on objective symptoms alone, or removing by mechanical means mechanical causes, and then allowing the remedy to do the rest. That is where we meet. There is where we do the best work, after the exciting cause has been removed.

Sometimes we read between the lines in our materia medica. Let me give an example; A physician came to me with a perfectly excruciating occipital headache, extending down the spine. It was two or three days, sometimes, of intense suffering. He was one of the finest specimens of physical manhood I ever saw. I could not get anything else from him. Some of my best homeopathic friends in New York had prescribed for him unsuccessfully. I took his case over and failed to get anything in addition to that characteristic pain and throbbing headache, relieved by walking around at one time, suffering aggravated by motion at another, and often relieved by lying down in a dark room, closing the blinds and staying there for twenty-four hours. Relieved for two or three days after coition; often entirely relieved for three or four days. He gave that symptom. Read between the lines. It is another thing: "Aggravated from continence." That is the modality of the remedy, Conium.

Dr. Sawyer (closing his discussion): If I said that I did not believe in subjective symptoms that was an error. I meant to say

that it was important that we consider the objective symptoms as well as to rely upon subjective symptoms alone in cases such as I cited. My object was to show that many a stigma is placed on the homeopathic prescription simply because the doctor did not know what he was prescribing for and why prescribing. It was in order to illustrate my respect for the law of diagnosis that I presented this paper. I thank you.

—Journal of the American Institute of Homeopathy.

A CASE OF APPENDICITIS.

Babu G.—a young man about 30 years of age, of rather imtemperate habits, came under our treatment on the day he was to be operated upon for appendicitis by the best surgeons of the city. We need not deal here with regard to the diagnosis of the case, as he was seen by almost all the leading physicians and surgeons of Calcutta and they all declared it to be a very bad case of appendicitis with involvement of the adjacent parts, requiring a radical operation without a moment's delay.

When we saw him, the tumor was about four inches in diameter and the whole of the right iliac region was one hard and tense mass. Moreover he had a history of all sorts of specific diseases and he was greatly reduced in health and had become quite anæmic. The bowels had become very loose owing to the frequent opening medicines administered by our predecessors. There was also marked rise of temperature in the afternoon. Altogether the case looked to be a very bad one and it was difficult to say whether pus had formed or not. He was a very stout man before and would perspire freely. We began the treatment with one dose of *Nux vom.* 200 followed by Placebo every three hours.

We saw him again the next day and found no appreciable change in his condition. He complained of great pain in the appendix and was very thirsty and restless.

Merc. sol. 30 three times this day. The following day he seemed to be somewhat better, less restless and had good sleep at night, a thing that had not happened for many a day. Merc. sol. 30 was continued. After four days the tumor seemed to be getting smaller and the fever left him. Now we began to entertain hopes of his recovery. Two days after he had violent pains about the abdomen and on enquiry I was told that he had indulged in rather rich dishes the previous evening. Nux vom. 200, one dose, set this right. From now on the recovery was uneventful but for a slight flatulence one day and a rheumatic pain in the leg another day that was due to exposure. For these he received one dose of Lycopod c. m. and one dose of Rhustox 30.

The fever has disappeared and he is a hale and hearty man to-day.

J. N. MAJUMDAR, M. D.

A CASE OF SCALD.

Mrs. F——came to me one day with an extensive scald of the right foot which, she said, was caused by a bucket of boiling water having accidentally fallen on it. The foot looked fearfully bad. There were several large blisters and the foot was enormously swollen and looked quite red and angry. Moreover she had suffered long from lymphatic swelling of this very leg which was cured with great difficulty under homeopathic treatment after everything else had failed. The outlook seemed to me to be very bad and I thought that it would leave the foot badly disfigured should the wound heal readily. I gave her a few doses of Cantharis 3x to be taken internally and gave some of the tincture of the same

strength for external application. The next day I saw her again and found that the blisters had burst and formed into sores. The leg was in the same condition. I gave her Calendula 3x to be taken internally three times a day and made some oil mixing it with Calendula (one part to nine of the oil) for external application. In two weeks' time the wound healed beautifully under this treatment and a feeling of tension that was left behind was removed by two or three doses of Rhus tox 30. Now she can wear her shoes, the sores having healed completely, practically leaving no scars whatever.

A FORWARD MOVEMENT.

When it was realised among us that homeopathy was to be represented at the Mansion House this year, in the person of the Lord Mayor, we knowing Sir George Truscott, knew also that his representation would be effective and practical. Nor have we had long to wait for the proof. Already steps have been taken in the matter, and in March a meeting will be held at the Mansion House to consider the raising of a fund to further the homeopathic cause, and to decide how best to utilise such sums as shall be obtained. Various objects, all worthy of the consideration of homeopaths, have been suggested and their merits canvassed, more or less formally; as yet it is too early to decide finally; but if the result should be the formation of a Central Fund for the maintenance and extension of homœopathic institutions, it is certain that few better ways could be found of employing the gifts of the enthusiastic and the charitable. There are three points of fundamental importance to be remembered in formulating any scheme. First, it must make for the progress of homeopathy. The existing institutions of all kinds will all have the right to submit claim to the Central Fund, but extension must go hand in hand with maintenance. We

need more and more dispensaries and hospitals and means to train more and more men to work them. Secondly, the fund must be national. It must be for all homeopathy, not merely for London homeopathy, and as by extension we permeate a wider area, we shall make known more widely the benefits of our treatment. Thirdly, the fund must be one that can command the sympathies of all the charitable, not only of those who have a knowledge of the great things that homeopathy can do. In so far as it means relief of suffering and cure of disease and research for more weapons to fight sickness and death, it will have a claim on all. There is no fear that homeopathy will not give good value for any money that is entrusted to it. Finally, the fund, being universal, must be a common interest to all shades of homeopathic practice. We have had our small differences, and, like the independent people, we have made the most of them; but let us now turn our thoughts towards co-operation, and let a Central Fund for homeopathy be a rallying point for all who prefer union disintegration.

—*The Homeopathic World.*

LAST YEAR'S SNAKE VICTIMS.

"The Times of India" gives the "snake" statistics for 1907. The total mortality amongst human beings caused by snake bite fell from 22,811 in 1906 to 21,418 in 1907. So low a figure has not been reached since 1897. The decrease is noticeable mainly in Bengal and Eastern Bengal and Assam, where the figures fell from 8,862 and 2,730 in 1906 to 8,276 and 1,900 respectively in 1907. The most important increases occurred in Madras and Burma, where the figures rose from 1,527 and 1,149 in 1906 to 1,977 and 1,348 respectively. The highest mortality in Bengal occurred, as usual, in the Patna Division, the number of deaths being 3,393 as compared with 3,636 in 1906. The decrease in Eastern Bengal and Assam is attributed to the floods having been lower. The Central Provinces figure (996) is the lowest returned in any one of the last seven years. The Lander Brunton treatment of

snake-bite by incision and application of Permanganate of Potash and the distribution of lancets continues.

It is too early yet to pronounce with any certainty as to the result of the experiment, but a number of favourable reports have been received. Eight cases are reported from the United Provinces of the successful use of Dr. Calmette's anti-venene. In two of these cases the Permanganate of Potash treatment was also employed—*West-Minster Gazette*, September 28, 1908.

THE SMALL DOSE OF HOMEOPATHY.*

Among the many obstacles to the progress of homeopathy, none is apparently so powerful as the complaint about the smallness of dose. It is beyond doubt that this has furnished the most effective handle to its opponents; nor is this to be wondered at, for to the ordinary observer, these homeopathic doses must appear too minute, an involuntary comparison being naturally made with the doses with which he has been familiar from his infancy. In fact the terms small and large are always comparative terms, there being nothing in this world like absolute smallness or largeness. We call a certain thing small because just then other larger things, which are as frequently seen, come to our mind. All thinking, as is well known, implies the comparison of one object with another.

Moreover, in most matters, quantity is the thing chiefly looked to, hundred maunds being considered better than ten, and thousand better than hundred. In most minds therefore effectiveness is associated with quantity, and the conclusion is quite natural, that increased quantity should always mean increased effectiveness and vice versa. No wonder therefore that the majority of us should be led to consider ten grains

* Read before the members of the Calcutta Homeopathic Society by Dr. B. B. Chatterjee, president of the Society.

far more effective than one grain even in the question of dosage.

But when we consider this question with a little more care, we find that even the strongest advocates of massive doses do not always act consistently with their theory. They do not go on continually increasing the dose. On the contrary they find that they cannot with impunity continually rise higher and higher in the scale and that a stomachful of medicine far from being effective or useful is not always even safe to prescribe. In fact at a certain stage, they are obliged to stop, even where the stomach affords room enough for the ingestion of further medicinal substances. In numerous instances they are indeed found to come down so low as to a few drops or a few grains, even when they very well know that the medicine is not likely to act as a direct poison. It follows then that the theory that *"quantity is to be accepted as the measure of power"* does not hold good where we have *vital force to deal with*. With respect to the action of material agents upon the living body the plain truth is that medical men are not in possession of sufficient knowledge to enable them to judge of what is too great or too small, or under what law such agents increase or decrease in their power of action. No medical man is able to say beforehand, nor, in our opinion ought he to say beforehand, whether a single grain of any substance or the tenth part of it shall act more powerfully. It is only after the most careful experiment that the proper and correct answer is given.

The question then assumes this shape, if the curative power of a remedy is not in direct proportion to its quantity, what is the proper dose for cure?

Here again the ordinary observer takes the current allopathic doses as suitable and proper, simply because he being used to them from his early age, has become completely

prejudiced in their favour. What we see and believe from our very infancy become in most cases a part and parcel of our own being ; we cherish them in our hearts and become completely blind to their fallacies ; we fall into grooves which grow deeper by use. Long and constant association makes us blind to their defects and inherent improbabilities, and we feel no hesitation in accepting as gospel truth what would at once have struck us as improbable, if presented to us at a later stage in life, when our judgments have become matured by experience. There is a story that when a traveller was passing through a certain village in Italy where every individual was affected with goitre, the inhabitants were taken by surprise when they found that the traveller had no goitre at all. Such is the power of prejudice and preconceived ideas ! So much wedded are we to custom, so enslaved by habits that we cannot bring ourselves to believe that what is wrong with us, need be corrected, or that what is right in the practices of others should be adopted. Instead of being able to cast away all our old prejudices, we cherish them fondly at the bottom of our hearts, all the more so, probably because they are prejudices, and the longer they have lasted, and the more generally they have prevailed, the more we refuse to throw them out. It always requires a master mind to cast away once for all the coat of prejudice, and after washing ourselves clean put on the imperishable but sober garment of reason and truth.

The history of every scientific advance and of every discovery of nature's truth shows that these prejudices have always impeded useful improvements and operated injuriously on the way of progress. Galileo was kept in prison for years for having said what is now known to every schoolboy, that the earth goes round the sun ; nor was he permitted to leave the prison door until he undertook to reconcile with his

neighbours in a belief which has since then been thoroughly exploded. This is a difficulty which unavoidably attaches itself to everything involving radical changes in a prevalent belief ; it has delayed and hampered all discoveries of truth. Nor is there any reason why the reception of homeopathy should be different in this respect from that accorded to other valuable additions of knowledge in by-gone times. Let us cite a few examples ;—

The celebrated theory of phlogiston proposed by Stahl, was considered, for upwards of fifty years, by all chemists as the true theory of combustion. And when after the discovery of Oxygen by Priestly and the establishment of the modern theory of combustion by Lavoisier, facts were seen conclusively to prove conclusively that bodies by burning increased in weight, instead of becoming lighter, as they ought to be by the older phlogiston-theory, attempts were made to prop up the old theory by assuming that the presence of phlogiston gave bodies lightness instead of weight.

There was a time when steamships navigating the Atlantic were considered by eminent engineers and scientists an utter impossibility for the only reason that such a thing as travelling 6000 miles by sea in a steam boat was utterly beyond previous experience.

When Stephenson first invented his locomotive engine to move upon smooth iron rails, having discovered that the resistance of friction would be sufficient to prevent slipping, he did not venture to propose a speed of more than twelve miles an hour, for fear of being laughed at, but even this modest proposition was ridiculed as being contrary to common sense. Had he said forty miles, his discovery would have been scouted out of existence, and railway travelling would perhaps have been a blessing yet unknown.

Thus many things, which at first appear to us beyond reason and common sense and therefore seem to be totally incredible, soon become matters of every day knowledge, after the apparent absurdity has once been overcome by the evidence of stubborn facts. Who knew that the sun would take off your likeness in a moment, and that a message might be sent hundreds of miles almost instantaneously, without the help of even a wire? These are really marvels, which our forefathers never dreamed of. Had we talked to them of such things, they would have given us up as insane, and yet they are true. So it has been well observed that a man's life in these days is spent in the realization of impossibilities, *inservently* denying one week what he puts into practice the next.

Laying aside therefore all old prejudices however strong, and placing ourselves in a position to walk with unfettered feet and work with untied hands, let us enter into an investigation of this dosage question, by a study of positive facts, a method which has been pronounced by Bacon as the basis of all scientific progress.

Matter in coherent form may no doubt be made to perform many kinds of rough work and wonderful feats of strength; thus a huge piece of stone might be used to crush an elephant to death. But to make it do finer work, for instance, to serve the purpose of mortar, it must be thoroughly pulverised, so that the particles might not only fit into the crevices and pores between different bricks, but also acquire the requisite strength. The nature of the action being quite different in the two cases, it could not properly be said that one was more powerful than the other. Moreover, it is quite clear that *to make a substance serve a particular end in view, much depends on the form in which the substance is used.*

Again lumps of charcoal, sulphur and nitre only placed

side by side will never do the work of gun-powder ; it is only when they are thoroughly ground together, that they will form the wellknown explosive compound.

Let us take another instance. Heat when applied to particles of water can be made to do an enormous amount of work, as in steam engines. But can a mass of heated water, however large, help in doing this work ? No, the water must be attenuated or subdivided into the smallest possible particles, before we can expect it to be of any use to us. Does not the conclusion then come irresistibly to us in that, *for medicinal purposes, drugs also may have to be attenuated to acquire the necessary efficacy i. e.* to become the proper medium for a vital force ? Indeed particles of matter, while losing their cohesion, become more elastic and more powerful in another way. What is lost in one way being gained in another. Hence quantity alone should not be accepted as the measure of power, much if not everything depending on the form in which the substance is made to act.

Here it is to be remembered, that the channel of small capillaries is less than the two-thousandth part of an inch in diameter, and that the ultimate cells or molecules of the tissues are still smaller being of inconceivable minuteness.

Again let us take examples from medicinal articles. It is admitted by all medical men, that substances, which are inert in their crude form and have in this condition no effect on the human body, can be made to act with sufficient energy when brought to a minute state of division. Thus we have in the allopathic pharmacopœia :—

Mercury ... 1 ounce.

Prepared chalk ... 2 ounces.

Rub the mercury and chalk in a porcelain mortar until metallic globules cease to be visible to the naked eye, and

the mixture acquires a uniform grey colour." Here we see that the mercury requires to be minutely divided to make it active, for no body pretends to say that the chalk has any medicinal virtue of its own, and serves any other purpose than to reduce the mercury to a fine state of division. Moreover that eminent physician of the old school, Christison, has shewn that in the case of Oxalic acid at least there is not always a direct ratio between power and quantity.

Thus the germ or embryo of the whole practice of Homeopaths as regards the mode of preparing their remedies, is to be found even in the Pharmacopœia of the Royal College of physicians. What earthly reason, then, can there exist for taking the Homeopaths to task for carrying this process of division only to its logical sequence. The difference is, after all, only one of degree not of kind.

Moreover, Hahnemann has shewn that substances like common salt (which is taken into our body daily as food), silica, charcoal etc. which have scarcely any medicinal properties in their crude form, develop wonderful medicinal properties when minutely divided. It will appear then that the secret, which *Hahnemann has discovered for us, is the releasing of the inherent force of matter, called by himself the dynamis or spirit-like power*, from its latent or potential state. This force lies above the plane of physics and chemics, and its nature, now but dimly realized, has but yet to be investigated and properly understood.

The student who gives matter a quality called force and considers this force as matter itself, can never become a faithful and successful follower of the healing art. Force as distinguished from matter is only known by its results ; it is itself invisible and inconceivable. Take for example the electric current, and let us consider a battery ; here we find that in the zinc and carbon plates is the force all stored

away by nature. The force of these plates measured by their weight is insignificant but let their substance become attenuated under proper conditions and a force is set free many thousand times greater than the mere weight of the metal. Can you see, comprehend or measure this spirit-like force? Even a boy, a few years old, would not doubt of the existence of this force after having once felt it from a battery or seen its effects in the propulsion of a tram car or its lustre in the arc lamp.

So gentlemen, every material thing has within it a spirit-like force peculiar to itself and this force applied to the healing of the sick is Homeopathy. This left out of our conception and application of our divine art, then it is nil. It is this that distinguishes it from all other sciences and makes it so wonderfully true.

Thus Homeopathy teaches that disease, since it depends upon a derangement of the dynamis or vital force, can be produced only by such agencies as are capable of affecting this subtle intangible principle of the organism, thus by causes which are above and beyond the ken of the microscope, and the most delicate tests known to chemistry, and not by bacteria, which are after all the results of miasms or morbid agencies, in spite of the fact that they may act as carriers of contagion. So it is incumbent upon every Hahnemannian to do his utmost to replace the crude and materialistic notions of the nature of disease that are current in the thought of the age with the wholesome and spiritual philosophy of Hahnemann, I mean the dynamic origin of disease.

Here again I read to you a section from the Organon, and my purpose is not to give you anything new, but to remind you of a thing which we ought not to forget. "In the healthy condition of man, this spiritual vital force, the

dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious vital operation as regards both sensation and function, so that our indwelling reason-gifted mind can fully employ this living instrument for the higher purposes of our existence."

When this spiritual vital force, the dynamis that animates the material body, rules with unbounded sway and retains all the parts of the organism in harmony, then man is in his original condition, in his ideal state, as he was created, and he is perfect. He has no pathological condition, he has nothing but physiology. So in man we have two things to consider. The man in the light of his physical being, and the life principle, the vital force, which animates the physical man. If we examine the physical man, we find in it parts composed of the elements of the earth, muscle, bone, nerve, tissue and fiber, it is the house in which the vital man dwells. Without this vital force the brick and mortar, the iron and wood the tenement (when the tenant ceases to occupy the tenement) decays and resolves itself into the elements.

This life force, this vital force, without which man ceases to be in his present form, operates and controls the operations of physical man and the organs of which he is composed. So long as this force is operating undisturbed, and every organ and tissue and cell is performing its function in perfect harmony, a state of absolute health prevails. Manifestations of the disturbance are made by nature's language—symptoms. Man becomes conscious of the change and says I feel. His sensations and functions are disturbed and later, cell changes and pathological conditions supervene. While accepting the finished product of the investigation, of Bacteriologists and pathologists and other master scientists

as regards their classification of disease, let us not forget that these conditions are the results of a disturbance in the equilibrium of the vital force, and that without that disturbance there can be no organic changes, for organic changes are always the results of disease and not the disease itself. The hardened breast is not the disease, though we call it with its attendant symptoms cancer. Neither is the blush of the skin erysipelas, nor the postular eruption small pox. They are the external manifestations of the disease, while the disease proper is intangible, invisible,—it is disturbed vital force.

So from the tiny beginnings in 1810 Homeopathy has come to have to-day her thousands of practitioners and her millions of adherents, chiefly through the visible and perceptible effects of her practice upon the sick. The practical argument has a just weight on the people, and in proportion to liberty of thought and action among the people and practitioners has been the rapidity of growth, and I am to remind you that each solitary practitioner in the diligent and faithful performance of his duty while caring for his business and interests, he is most effectually spreading a knowledge of the doctrine he professes.

Friends and members,

I have been informed that the mantle of previous presidents of this association has fallen on me this time. I feel myself well honoured by the selection and thanks to all the members, but I accept the honour with some diffidence, as the responsibility seems to me rather great. However I shall try my best to do my duty.

THE LAW OF SIMILARITY EXCLUSIVE IN THERAPEUTIC SCIENCE. *

BY EDWARD MAHONY, M. R. C. S. ENG., L. S. A. LOND.

Mr. President and Gentlemen,—There are, I believe, two mental processes which practically include the entire way in which the human mind can reach truth in all the various spheres of true science, and these two processes are the synthetic and the analytic. Correlative with these is geometric reasoning as given us by Euclid, and then, as you are aware, the motto of our profession is *Ars medica est. tota in observationibus*.

Now, gentlemen, in considering the great law of similarity in its application in the therapeutic sphere we shall find that Hahnemann very distinctly applied to its elucidation synthesis, analysis, Euclidean reasoning and observation, and, as a result of most careful and laborious investigation and tremendous industry, having most gigantic capabilities,—it has been said that for forty years he spent every third night in literary labour—he brought to light the glorious fact that the science of healing was a true science of correlated facts, in themselves as certain as any other scientific facts whatever, and facts of every-day use at the bedside, apart from all theories whatsoever. I desire to emphasize this at starting, because the remarkable character of his great discovery of the law of potentization, and the fact that at present there is no way of proving its virtue at all equal to the sensibility of the human frame, have led many to the idea that the law of potentization was a vagary of his later years, founded on no evidence whatever; whereas, he himself says of it, “the peculiar mode adopted for the preparation of homeopathic remedies enables us to develop the medicinal virtues of a drug into a series of degrees of potency, and by this means to adapt the remedial influence of the drug with great precision to the nature of the disease . . . Their medicinal properties exist in a latent state and may all be

* Read at the Northern Counties Therapeutic Association, Leeds, January 7, 1909.

developed to a high degree by the peculiar mode of preparation prescribed by homeopathy. . . This discovery is due to homeopathy." Thus you see he recognized dynamization as an integral part of the whole science of therapeutics.

Now for his combined observations and reasonings ; first, you will understand that on account of the immensity of the subject, and the short time at my disposal, I can do little more than hint at his great propositions, and recommend to the earnest, thoughtful, and patient perusal of any who have not yet studied them, the first volume of the *Chronic Diseases* and the *Organon*, and also any works you may come across by Von Bænninghausen, whose works are pure gold, and the outcome of some forty years of diligent clinical observation. Reckoning on your kindly consideration on this point, I will now briefly state some main facts and instructions. First, Hahnemann distinctly taught that disease is in its primary essence immaterial, or dynamic, proving this by the fact, among many others, that the most serious diseases, even ending in death, had their origin in something immaterial, *e.g.*, sudden and heavy sorrows, fright, superstitions, &c., &c., &c. This is, on the face of it, a most important point to be borne in mind in the consideration and treatment of all diseases, and explains why so constantly in the provings of medicines and their selection, when more than one seems indicated, the mental and moral symptoms take the first place in importance ; also it throws light on the undoubted fact that the *material* symptoms present, such as swellings, hardenings, softenings, disfigurements, eruptions, must all be regarded as outcomes of a disordered vitality in the background, and hence such a disease as pneumonia, *e.g.*, might in half a dozen cases, each having the general symptoms of crepitation, heat, thirst, dyspnœa, nevertheless each require a different medicine—because the subjective symptoms, such as restlessness or the reverse, direction and character of pain, &c. were different. Hahnemann states, to pass on, that there are only three possible modes of cure : (1) By contraries ; (2) by similarities ; (3) by some other, commonly known as allopathic. He proves that (1) and (3) contraries and allopathic are erroneous ; (1) because it is necessarily

Followed by reaction aggravating the original trouble, of which fact both the profession and the public have numberless undoubted proofs, as opiates against pain, purgatives against constipation, diaphoretics against absence of perspiration, *quinine* in malaria, and so on. No. 3 is proved unsound because its energy is directed against one symptom only, consequently only to a small part of the whole, and then comes, after temporary amelioration, an increased aggravation, two sufficiently good reasons for rejecting this mode of treatment. Therefore, says Hahnemann physicians should have inferred "that the true radical healing art must be found in the exact opposite of such an antipathic treatment of the symptoms of disease." Hence, by the Euclidean reasoning of the *reductio ad absurdum* argument, we are reduced to the law of similarity as the only possible mode of cure. There are many other proofs given, such as that in cases where one disease of a *different kind* attacks a patient already diseased, the stronger of the two will run its course first, and when it has finished, the weaker one will have its turn; whereas, if there be similarity in the two diseases the one will cure the other. As an instance of the first he quotes, "that the plague of the Levant, according to Larry, does not break out where scurvy is prevalent, and persons suffering from eczema are not infected by it. Rachitis, Jenner alleges, prevents vaccination from taking effect. Those suffering from plumonary consumption are not liable to be attacked by epidemic fevers of a not very violent character, according to Von Hildenbrand." Where, however, two diseases, differing, it is true, in kind (note this, gentlemen), but very similar in their phenomena and effects, and in the sufferings and symptoms they severally produce, invariably annihilate one another whenever they meet together in the organism, the stronger disease namely annihilates the weaker . . by reason of its similarity of action involves precisely the same parts of the organism that were previously affected by the weaker morbid irritation. He instances small-pox, which so often causing violent ophthalmia has been known to cure chronic ophthalmia permanently; other illustrations follow. It is to be noted in passing, that he takes all his proofs either from what

occurs in Nature without intrusion from man, or from the classical writings of the orthodox school, a sufficiently convincing proof that he was conscious of the firmness of the ground on which he stood, *i.e.*, Nature and the evidence of the opposition, however unconscious they may have been ; and it may be added that he is careful to give credit where credit is due to others, from Hippocrates downwards, referring favourably to Stahl, Halle, Huxham, Rau, and others ; a further proof of the *mens sibi conscia recti*—he could afford to be generous. A short quotation here from each edition of the *Organon* will further give a glimpse into Hahnemann's own mind, progressively. In the preface of the first edition, he says: "According to the testimony of all ages no occupation is more unanimously declared to be a conjectural art than medicine, consequently none has less right to refuse a searching enquiry as to whether it is well founded than it, on which man's health, his most precious possession on earth, depends. . . I am the only one in recent times who has subjected it to a serious honest investigation, and has communicated to the world the results of his convictions in writings published, some with, some without, my name. In this investigation I found the way to the truth, but I had to tread it alone, very far from the common highway of medical routine. The farther I advanced from truth to truth, the more my conclusions (none of which I accepted unless confirmed by experience) led me away from the old edifice which, being built up of opinions, was only maintained by opinions. The results of my convictions are set forth in this book . . I must warn the reader that indolence, love of ease and obstinacy, preclude effective service at the altar of truth, and only freedom from prejudice and untiring zeal qualify for the most sacred of all human occupations—the practice of the true system of medicine."

(To be continued.)

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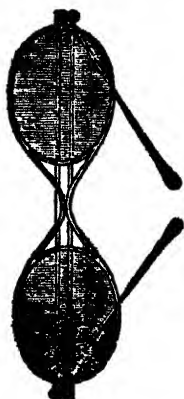
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কলেরাটিকিৎসার বাক্স—পুস্তক, ক্যান্ডার, ড্রপার সহ ১২ শিশি ঔষধপূর্ণ বাক্স ২ টাকা, ২৪ শিশি ৩ টাকা, ৩০ শিশি ৩।৫০ আনা, ৪৮ শিশি ৫।০ টাকা। মাসুল স্বতন্ত্র।

গৃহচিকিৎসার বাক্স—পুস্তক, ড্রপার সহ ১২ শিশি ঔষধপূর্ণ বাক্স ২ টাকা, ২৪ শিশি ৩ টাকা, ৩০ শিশি ৩।৫০ আনা, ৪৮ শিশি ৫।০ টাকা, ৬০ শিশি ৬ টাকা, ৭২ শিশি ৭।০ টাকা, ১০৪ শিশি ১০।৫০ টাকা। মাসুল স্বতন্ত্র।



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[No. 5.

ALBUMINURIA.

In recent times much attention has been given to the subject of albuminuria in various forms. Though it is undoubtedly much simplified by the strenuous investigations by various pathological writers in modern times yet the problem still remains far from being solved and we are still groping in the dark. It remains still very difficult to diagnose properly a case of albuminuria and to adopt measures for the cure of such cases. Fortunately for mankind homeopathy has come to the rescue of such patients who are often cured thoroughly or benefited wonderfully by the application of therapeutic resources that are in the hands of the new school of medicine.

Albuminuria may be divided into two distinct classes; first medical which were formerly described as nephritis due to tubercule and secondly those associated with primary tuberculosis of the kidney, which are often, though not invariably cases of surgical tuberculosis. For practical purposes this distinction is of little value. In fact surgical cases of this disease are extremely rare and no amount of manual

interference is calculated to do the least good. It may be arbitrarily subdivided into various classes, some according to the causes of the disease, others according to the lesions in the kidney. We thus have tuberculous albuminuria, syphilitic albuminuria, infectious albuminuria and mechanical albuminuria.

Albuminuria is a word meaning simply the presence of albumen in the urine or albuminous urine. This is of not much significance; but when it is associated with some structural change in the kidney, then and then only we shall be on our guard to check the progress of the disease.

Albumen appears in the urine under various circumstances and even its presence has been detected in normal urine. When it is temporary, it is due to an excessive use of albuminous food or dietetic errors and its presence fails to be of any significance, but in the majority of cases, albumen in the urine indicates serious kidney disease and the existence of congestion and inflammation.

Dr. Mecllelland says "When such symptoms as the following occur or any considerable number of them, immediate examination of the urine should be made : *viz* :—deranged digestion, manifested by flatulence, acidity, nausea, torpidity of bowels &c. ; nervous exhaustion as shown by lassitude, muscular weakness, aching back and headaches, together with palpitations, wakefulness and frequent nocturnal micturition ; these with dry skin, pasty, pallid complexion and œdema of the eyelids, ankles and backs of hands, all give evidence of impaired blood structure from loss of albumen ;" so when there is evident structural change occurring in the kidney, then we apprehend serious consequences. This is a serious disease and is described in the books under the name of Bright's Disease—*Morbus Brighti*.

From experiments on albuminuria occurring in health, Chalmersburgh sums up as follows ;—

1. Albumen is found in the urine of the majority of healthy persons more or less abundantly and is transient in its character.

2. Rest in bed has a clearly marked influence in diminishing the amount of albumen excreted.

3. Bodily fatigue greatly influences the production of physiological and transient albuminuria.

4. Intellectual labour augments with most people the amount of albumen.

5. Cold bathing exerts considerable influence in increasing physiological albuminuria.

6. Sexual excitement and menstruation manifestly affect albuminuria in the healthy.

7. Albuminuria is as frequent in children as in adults, but the quantity excreted is less.

8. Digestion, if accompanied by rest, does not exert much influence upon physiological albuminuria.

From all these data we can conclude that merely the simple existence of albumen in urine is of no serious import. We have seen many people so nervous after noticing a trace of albumen in their urine analysis chart, that they are greatly frightened and have to resort to all kinds of medicine for this imaginary disease. But when the urine passed every time, is loaded with considerable quantity of albumen and when the initial symptoms above enumerated are present, measures should be taken to nip the disease in the bud.

About the therapeutics of albuminuria we have to record the treatment of Bright's Disease, both acute and chronic. But we are not concerned about this in the present paper. We merely mention here a few remedies which if selected according to indications and in proper time, would be able to cut short the disease in its early stage.

Aconite in the early stage of the disease is very useful.

Dr. Hughes says "Aconite would obviously be indicated, from its general action when recent nephritis from cold was accompanied by rapidly developed anasarca, forming the 'acute renal dropsy' of the old authors. But it appears to be actually a specific irritant to the kidneys, as in the case of poisoning by it the urine was found loaded with albumen and fragments of casts, which speedily disappeared as the patient recovered."

Apis is the next medicine very useful in this disease. A genuine catarrh of the urinary canaliculi. A dropsical state, œdema partial and general must be present. Urine scanty, high colored and loaded with considerable quantity of albumen.

Arsenicum is one of the prominent remedies in albuminuria. Its indications are clear and unmistakable. Primary cases—œdema begins with puffiness of eyes and end of feet and thence spreads in various parts of the body. Fever, burning, thirst prostration are all very well marked. In the initial state it can cut short the disease and bring about usual health.

Cantharis is very well indicated with acute symptoms of the disease. If prescribed early it will cure the disease promptly. Scanty secretion of high colored urine with scalding in the bladder and urethra. Hematuria. Urine contains an excess of albumen and renal casts.

Teribinthina comes next to Cantharis. It is indicated in the early stage of the disease when urine contains a good quantity of albumen and blood. Burning urine and some digestive derangements as tympanitis, diarrhœa, anorexia and smooth glossy tongue.

Mercurius Corrosivus is another remedy of great value in the treatment of this disease. Burning bloody urine, tenesmus vesicæ, great prostration and diarrhœic conditions. It is also useful in the early stages of the disease.

With these few remedies we are generally able to cut short albuminuria in its early stages. Medicines should be selected according to strict Hahnemannian principles. Dose should not be too frequent, medicines should be allowed sufficient time to act. Both higher and lower potencies are useful. Failing with one, we must resort to others. Indicated remedies should not be rejected too soon.

Diet is a very important subject in this disease. We have seen our Kabirajēs often perform wonders by strict dieting. Milk, ad libitum, is the rule. Animal food should be strictly forbidden. Fish may be had but sparingly. Fruits and vegetables are of much use. Salt should generally be prohibited from the dietary. You can allow salt very sparingly. Water is good especially when there is scanty supply of urine of a burning and scalding nature.

P. C. MAJUMDAR, M. D.

STUDY OF THERAPEUTICS.*

Therapeutics generally means that branch of medicine which is concerned in the treatment and cure of diseases.

Now then we are to understand that the object of our lessons here will be the study of different kinds of medicines that are used for the alleviation of human suffering. We shall define the nature and course of our studies little further. As homeopaths we shall only consider the virtues of such drugs as have been proved according to the rules of our materia medica and as are incorporated in our text books and so generally used. I shall of course at times be obliged to deviate from this path as there are certain drugs that we use quite extensively depending on their clinical value.

* A lecture delivered at the Calcutta School of Homeopathy.

(*i. e.* their marked usefulness at the bedside) and also certain other adjuvants that are absolutely essential at times to bring about effective and radical cures.

The main object of our study here as you must all already know, is the acquirement of knowledge that would enable us to cure or relieve human suffering and that according to Hahnemann the promulgator of the homeopathic law, in the safest, quickest and the gentlest manner possible.

Before entering into the study of the different drugs, it is just as well that we consider the action of drugs generally *i. e.* how they act, through what channels, what impression they make, and what is their result. Hahnemann, it seems to me, has simplified matters greatly by saying that drugs act dynamically *i. e.* in short every drug has a certain latent power that exhibits itself in a peculiar way when administered to the human economy and that this power in the drug is developed by dynamization, potentization or dilution as you may call it and that it acts upon the vital force or the power that is latent in man in a way very much similar to each other. And without this vital force the human body is nothing. While this sort of study obviates the necessity of studying the nature, quality and kind of drugs and also the knowledge of the human anatomy and physiology to a great extent, it has been the source of great evil particularly in this country where there is no legal practitioner's act and that is why it has given rise to quackery and every literate man becomes a medical man after reading a few pages of the homeopathic materia medica. And that is why I want to impress upon your mind the fact that you must all learn the fundamental branches of the medical science before you can become a physician. In one of the recent meetings of the American Institute of Homeopathy it has been decided that a homeopathic physician is one

who adds to his knowledge of the homeopathic materia medica all that pertains to the field of medicine *i. e.* a man must be a physician before he can be a homeopath. -

Generally speaking it is understood that homeopathic medicines act through the nervous system (*i. e.* if they act at all, as it is still declared by some physicians of the other school who believe that homeopathic medicines have no action whatever).

It is just as well to narrate in short how medicines are introduced into the organism and what action these remedial agents have according to the ordinary idea of things.

According to the old school drugs are used in the following way .—

(1) To bring about tissue changes *i. e.* metamorphosis (they may be either constructive or destructive.

(2) Drugs are used to destroy morbid agents (micro-organisms.)

(3) To modify the functions of organs.

There are also a few drugs that are used as topical remedies.

With these few words we will conclude our study to-day.

J. N. MAJUMDAR, M. D.

PICRIC ACID IN DIABETES.

An elderly gentleman, belonging to the legal profession, of fair color and robust frame, had been suffering from diabetes for a long time and was under allopathic treatment all along. This gave him occasional relief but no cure was effected.

For the last few years he had been losing flesh and became prostrated, especially after bodily and mental labor. He was requested by friends and relatives to try homeopathy

which he resolutely refused. At last he was prevailed upon and I was called to see him. He had about 25 grains of sugar in the urine and the specific gravity was 1040. He passed about from 80 to 100 ounces of urine in four and twenty hours. More urine at night and in cloudy and rainy days. After office hours he seemed utterly exhausted but after some rest he felt better. Appetite voracious and much thirst for cold water.

Among others following symptoms were noticeable—pale and waxy and jaundiced face, especially after day's work. Buzzing and whistling in ears, sparks before the eyes, dullness of head and inability to think or for mental work, studies upset him and produced profound prostration and vertigo. Sexual power was reduced though there was nightly excitement. Haziness before the eyes, burning sensation in eyes, face, palm and sole. Fatigue after least exertion. Motion aggravated and rest in bed ameliorated all these symptoms. He was given all kinds of tonics and gold mixture and codia pills were his favorite remedies. I tried Phosphoric acid which gave him temporary relief. His various engagements, both private and public, precluded him from his taking rest. Relapses were the consequent results. Calc Phos and Carbonica were tried with occasional good results but no perfect cure. Calc. Phos had on one occasion reduced his sugar to 596 per ounce and specific gravity to 1025.

The last medicine I gave was Picric acid 30 which did wonderful good. In fact this remedy cured him thoroughly for the last six years. He had no trace of sugar in his urine and he is now working in his profession as a young man without that kind of prostration and brain fag. Picric acid had been used off and on for a long time. I did not change his usual food during my treatment.

MALANDRINUM IN SMALLPOX.

The last few epidemics of smallpox in our city of palaces showed us the efficacy of this remedy in this dire disease. We have to record a number of cases from our own practice.

I.

B. B. Roy, a robust youngman of 25 summers, had an attack of a virulent form of smallpox. He was under a quack country doctor who pretends to cure all such cases. His condition became worse and his friends advised him to place himself under my treatment. I went with another young homeopathic physician.

It was a confluent variety of smallpox and it was just before maturation that we were called. The fever was very high, temperature in the morning 103.2 and in the evening 105 F, with muttering delirium ; very drowsy. Could not swallow his food well owing to soreness in the throat. Eyes half closed, red and inflamed. Abdomen tympanitic with cadaverous smelling thin stools. Some of the pox were assuming blackish appearance and others were half pustular.

I requested him to give a dose of Malandrinum 200 dry on the tongue which was done in my presence, and this was followed by a few doses of placebo.

Next morning his condition was better. He was more conscious, talking not so constantly and could swallow better.

No more doses were given and he was convalescent quickly and complete cure was effected in a few days.

II.

A Nepalese youngman was down with high fever and pain over the whole body, with drowsiness and very red face. He was vomiting bile constantly. I saw him on the

second day of fever and gave Belladon 30 every three hours. It was on March 29th of this year, when smallpox was prevailing here epidemically.

Next morning the fever was less but a few pock-like eruptions appeared on his face. They were very close together, so I thought it would be of the confluent variety. His friends did not believe it. Next morning when I was called the fever was very high and he could not swallow his food at all. With great difficulty I made him take some milk which was vomited in a few minutes. Headache was agonizing and skin perspiring though the heat was intense. Belladon 200, three doses, every 3 hours.

Seeing no relief I gave him Malandrinum 200, one dose. He passed a good night and could swallow better. Placebo one dose every 3 hours. Called again in the evening ; he was restless, talked incoherently, no drowsiness, great thirst, wanted to eat some solid food, pain in the body nearly gone except a little at the small of the back.

No medicine that day and the next day pustules were formed in some and others were drying up.

To make the narrative short, I gave him another dose of Malandrinum 200, and he was making speedy march towards recovery. Many of those poxes were drying up and some were maturing and scabs were forming. The fever commenced subsiding after the second dose. I am almost certain that this would have been a serious case of confluent smallpox.

III.

A European young man of 14 years' had an attack of high fever with red face, backache and great restlessness. He was at Allahabad where smallpox was then prevailing. His mother brought him to Calcutta and placed him under my treatment. I told her it would be a case of smallpox. Next

morning eruptions appeared over the whole face and some parts of the body.

It seemed to me to be a tolerably severe case. Without minding for further development of symptoms I put him under Malandrinum 200. One dose was given, in my presence.

In two days' time his fever was less and eruptions were confined. They suppurated in a short time and scabs formed. Recovery took place in a very short time, and the mother was charmed with the efficacy of homeopathic medication. He was not vaccinated. This case happened on the 15th May, 1906.

IV.

A young Mahomedan boy of about 12 years, in Dharmatola Lane, off Chitpore Road, had an attack of smallpox. Fever moderate, constant vomiting, drowsiness, no thirst or desire for food. Pox numerous on the face and arms and less on other parts of body. Hoarseness and constant cough. Antim. Tart 6, one dose, every four hours.

The next day the case was made over to another homeopathic physician and I knew nothing about him for four days. On the fifth day that doctor called me in consultation. The case was much worse, the pox was receding and appearing blackish in color, drowsiness was profound, respiration hard and labored, fever very high, Temp. 105. Could not swallow milk which was given constantly in small quantity. Diarrhœa, constant oozing with cadaverous smelling stools, generally involuntary, tympanitic distention of abdomen, moaning and groaning constant. Could be roused with great difficulty.

A dose of sulphur 200, followed by placebo, the whole night. In the morning, the patient's condition was no better.

We decided upon trying Malandrinum of which 200th potency was given, one dose. No better report in the evening. Another dose was given next morning and the effect was visible in the afternoon: The boy recovered slowly but persistently. One more dose had to be given after four days.

This was a very bad case and the effect of Malandrinum high was very well marked.

P. C. MAJUMDAR, M. D.

SURGICAL TREATMENT

Surgery is practised both by the allopaths and homeopaths. It is a belief current in this country that homeopaths have no surgery. There is no truth in this assertion. Surgery is a manual work. In this field all medical men have equal rights. Even our Kabirajes have some knowledge of the surgical art.

But surgical treatment is quite another thing. In this matter homeopathy is superior to all other systems of medicine. In allopathy surgical diseases cannot be well treated with medicines. In cases of gangrene for instance the allopathic doctors have seldom any internal remedies. They want to cut off the diseased part and thereby pretend to cure the patient. Homeopaths have got a very large number of most efficacious remedies by the help of which they can cure cases. Even after surgical procedure, the after-treatment of the case in homeopathy is infinitely superior.

P. C. MAJUMDAR, M. D.

LAW OF SIMILARITY EXCLUSIVE IN THERAPEUTIC SCIENCE.

(Continued from page 128, No. 4, Vol. XVIII.)

Then in the second edition: Physicians are my brethren I have nothing against them personally. The medical art is my subject. The true healing art is in its nature a pure science of experience, and can and must rest on clear facts and on the sensible phenomena pertaining to their sphere of action, for all the subjects it has to deal with are clearly and satisfactorily cognizable by the senses through experience.

... ... Unaided reason can know nothing of itself (*a priori*), can evolve out of itself alone no conception of the nature of things, of cause and effect; everyone of its conclusions about the actual must always be based on sensible perceptions, facts and experiences, if it would elicit the truth In the pure sciences of experience, in physics, chemistry and medicine, merely speculative reason can consequently have no voice ; then, when it acts alone, it degenerates into empty speculation and phantasy, and produces only hazardous hypotheses, which in millions of instances are, and by their very nature must be, self-deception and falsehood.' He ends the preface here with saying, "It remains to be seen if, by my conscientious labours, in this way the true healing art has been found." This was written from Leipzig, end of the year 1818.

Then in the third edition : "In the five years since the publication of the second edition, the truth of the homeopathic healing art has found so much acceptance from physicians, far and near, that it can no longer be obscured, still less extinguished, by abusive writings, of which, however, there is no lack. . . In this third edition I have not refrained from making any alterations and emendations suggested by increased knowledge and necessitated by further experience." Kothen, Easter, 1824.

Fourth edition. "What has hitherto been termed 'healing art' was a mere (imperfect) imitation of those unhelpful, useless, not infrequently injurious efforts and operations of the instinctive,

unreasoning vital force (misnamed Nature) when left to itself in disease. It will, I think, be conceded that before me the true healing art was not discovered. But that homeopathy is this healing art, which had hitherto been sought for in vain, its fundamental principles teach, its performances prove." Kothen, January 1829.'

Fifth edition. Here he insists on the fact "that the diseases of man are solely spirit-like (dynamic) derangements of the spirit-like power (the vital force) that animates the human body ; hence homeopathy employs for the cure only those medicines whose effects in altering and deranging (dynamically) the health it knows accurately and from these it selects one whose pathogenetic power (its medicinal disease) is capable of removing the natural disease in question by similarity (*similia similibus*), and this it administers in simple form but in rare and minute doses ... an apparently easy but actually troublesome and difficult business." Kothen, March 28, 1833.

These short extracts convey to us a very distinct impression of the path of a pioneer: he "had to tread it alone," the result had been "convictions," the path itself being such as required "only freedom from prejudice and untiring zeal," the subjects "medical art," the thing itself "a pure science of experience," correlative to other sciences as "physics and chemistry" ; then after results had been announced there was the twofold encouragement of being in the truth, namely, "acceptance from physicians far and near" and "abusive writings of which there is no lack," then when he reaches the fourth edition he can write "that homeopathy is this healing art, which had hitherto been sought for in vain, its fundamental principles teach, its performances prove."

Finally, he insists on the surely self-evident fact that the diseases of man being solely dynamic derangements of the vital force, for their cure must be employed only those medicines whose dynamic effects are known accurately. It is plain that Hahnemann was as certain he had reached the shore of the therapeutic sea, as Columbus was sure he had discovered the new Continent of which he was in search when first he descried land after continuous

sailing due west ; or Sir Isaac Newton that he had discovered the great law of gravitation after duly pondering in his gigantic mind over so simple an every-day act as that of an apple falling from a tree ; and the possession of the truth in each case would enable each pioneer to estimate at its true worth the opposition, whether that of dense ignorance or wilful blindness, and to discern also all *subtle* opposition of which there was, and still more now is, abundance, craftily introducing homœopathic truths and practices by other names, of which more anon if time permit. Some notes that are appended to these prefaces are worthy of note also. First comes a quiet sarcasm. "The experienced allopath delights to invent a fixed name, by preference a Greek one, for the malady, in order to make the patient believe that he has long known this disease as an old acquaintance, and hence is the fittest person to cure it," *apropos* of languages, touched upon in this remark. Hahnemann elsewhere calls attention to the learning of the ancient Arabian physicians, as also to the Hebrews in referring to certain statements as to leprosy in the Books of Moses, thus giving further proofs that he surveyed the whole scene of both history and languages, and was ready to cull whatever was of worth without minding names or prejudices whether moral, physical, historical, or scientific, truly possessing the open mind so much talked of in the present day. In another note he says: Homeopathy sheds not a drop of blood, administers no emetics, laxatives, or diaphoretics, drives off no external affection by external means, prescribes no warm baths or medicated clysters, applies no spanish flies or mustard plasters, no setons, "no issues, excites no ptyalism, burns not with moxa or red hot iron to the very bones, and so forth, but gives with its own hand its own preparations of simple uncompounded medicines, which it is accurately acquainted with, never subdues pain by opium, &c." Then in another note, after referring in the text to backward straying to the pernicious routine of the old school, *whose opposite it is as day to night*, please note this last remark : "Gentlemen," he says, "I am therefore sorry that I once gave the advice, savouring of allopathy, to apply to the back in psoric diseases a resinous plaster to cause itching,

and to employ the finest electrical sparks in paralytic affections. For as both these appliances have seldom proved of service, and have furnished the mongrel homeopathists with an excuse for their allopathic transgressions, I am grieved I should ever have proposed them, and *I hereby solemnly retract them*, for this reason also, that since then, our homeopathic system has advanced so near to perfection that they are *now no longer* required." This last note is an illustration of what runs through Hahnemann's writings, namely, the fact that he was learning for himself a new science, indeed two sciences, namely the law of similarity and the law of potentization; and, as was inevitable in such a path, he made mistakes as well as advanced in knowledge of his thesis, thus discovering errors both of omission and commission, which were as frankly owned as soon as he was aware of them. In one of his recorded cases where he gave, on account partly of the vigour of the patient, a full drop of tincture of *bryonia*, he adds that this is not to be taken as an example and followed indiscriminately. I desire to call attention distinctly to this in his writings, because there has come into view in the writings of many who ~~now~~ adhere to homeopathy a tendency to lay hold of certain statements, such as this about *bryonia* being administered in tincture, and the recommendation of the thirtieth potency as the *ultima Thule* of potentization, as though Hahnemann had taught them as a part of the entire system. As to this matter of recommending the thirtieth, it simply occurred from the fact that cases were reported in the journals cured with very varying potencies, and Hahnemann, being written to, suggested that for forming a classical clinical repertory or similar volume of instruction, if all used one potency, say the thirtieth, the observations would be more useful for comparison and general instruction.

Some remarks from the introduction will further elucidate for us Hahnemann's frame of mind, and his reasons for insisting on exclusiveness in the sphere of both medicine and therapeutics, and the nature of diseases and their treatment, by the laws of similarity and potentization; and let us note that he contrasts both with the whole realm of the art and science of medicine.

Surgery, of course, stands on a different footing, as in itself it is the application of mechanical laws to conditions of injury, and no question of treating disease *per se*, however its claims may have been overstated in the present day. The partisans of the old school of medicine, says our author, cried incessantly "*Tolle causam*," but they only fancied that they could discover the cause of disease . . . for as far the greatest number of diseases are of dynamic origin and dynamic nature, their cause is, therefore, not perceptible to the senses, so they exerted themselves to imagine one, and from a survey of the parts of the normal inanimate human body (anatomy) compared with the visible changes of the same internal parts in persons who had died of diseases (pathological anatomy), as also from what they could deduce from a comparison of the phenomena and functions in healthy life (physiology), with their endless alterations in the innumerable morbid states (pathology, semeiotics), to draw conclusions relative to the invisible process whereby the changes which take place in the *inward* being of man in diseases are effected, a dim picture of the imagination which theoretical medicine regarded as its *prima causa morbi*, and thus it was at one and the same time *the proximate cause of the disease* and the internal essence of the disease, *the disease itself*. Then there came, he says, with the more astute physicians of the old school, a search for what might be supposed to be the probable general *character* of the disease, whether it were spasm, or debility, or paralysis, or fever, or inflammation, or induration, &c., &c. Pointing out the error of this, he writes how often has it happened that, for example, spasm or paralysis seemed to be in one part of the organism, while in another part inflammation was apparently present; hence, without the most minute individualization, homeopathy is not conceivable, or, on the other hand, whence are the certain remedies for each of these pretended general characters to be derived? Those that would certainly be of benefit could be none other than the *specific* medicines, that is, those whose action is homogeneous to the morbid irritation, whose employment, however, is denounced and forbidden by the old school as highly injurious, because observation has shown that in consequence of the *receptivity*

for homogeneous irritation being so highly increased in diseases, such medicines, in the usual large doses, are dangerous to life. The old school never dreamt of smaller and of extremely small doses.

Then, in notes referring to the mistaken treatment by emetics and purgatives of sudden or other attacks of indigestion, he makes some remarks on the error of venesection, which I cannot but think every unprejudiced person must admit to be convincing ; he says, any one who has felt the tranquil pulse of a man an hour before the occurrence of the rigor that always precedes an attack of pleurisy will not be able to restrain his amazement if told two hours later, after the hot stage has commenced, that the enormous plethora present urgently requires repeated venesections, and will naturally enquire by what magic power could the pounds of blood that must now be drawn off have been conjured into the blood-vessels of this man within these two hours, which but two hours previously he had felt beating in such a tranquil manner? Not a single drachm more of blood can now be circulating in those vessels than existed when he was in good health, not yet two hours ago. He then instances the mistake of local treatment, such as ligatures on polypi, eradication of indolent glandular swellings, encysted tumours, operations for aneurisms and fistulæ, drying up old running ulcers, cauterizing chancres, destroying condylomata locally, driving off itch by ointment, etc., etc., with the result of the reappearance of the disease *worse than the original malady*, because, as he further insists, diseases will not cease to be *dynamic derangements of our spirit-like vital principle in sensations and functions, that is to say, immaterial derangements of our state of health*. This is further proved, as he remarks, by the fact that the least foreign material substance, however mild it may appear to us, if introduced into our blood-vessels, is promptly ejected by the vital force, as though it were a poison, or when this does not happen death ensues. Life was endangered by injecting a little pure water into a vein (quoted from "History of the Royal Society"). Hydrophobia has caused death even when the part bitten was immediately cut out.

He then deals with the doctrine of ferments and advances,

Are not the foul, often disgusting, excretions which occur in diseases *always excretory products of the disease itself, that is, of the life which is only dynamically deranged and disordered* ? The treatment of so-called worm disease by so-called anthelmintics he discusses vigorously in a long note, pointing out that the presence of worms is always dependent on a general taint of the constitution (psoric), joined to an unhealthy mode of living. Let the latter, he says, be improved, and the former cured homeopathically, and the children are cured and remain so. He also remarks that the morbid symptoms caused by worms are generally of such a kind that they are rapidly relieved homeopathically by the smallest dose of tincture of *male-fern root* and then in time the antipsoric treatment finally cures the psoric condition, so that worms cannot reappear. This reminds us of the importance of recognizing the cures performed by the old school, while carefully relegating them to their true source, namely, homeopathy or the law of similars. Attention is next called to treatment by derivation or crises under the form of excretions, in imitation of self-aiding operations of Nature, to assist which counter-irritants were used, as wool to the skin, foot-baths, nauseants, fasting, &c., also metastases and abscesses, the result being that after apparent amelioration or removal a worse disease took its place. All this is gone into with great vim through several pages. He then contrasts with this the opposite, namely, that when Nature sets up evacuants and local symptoms these were sought to be suppressed by repercutients and repellents, opium by diarrhoea, vomitings by effervescent saline draughts, foetid perspiration of the feet by foot-baths, and astringent bleeding of the nose by plugging, and so on, almost *ad infinitum*, with corresponding melancholy results. Another old school method is criticized, namely, the stimulating and strengthening, by excitantia, nervina tonica, confortantia, roborantia, properly speaking, enantiopathic. The great harm here was that reaction was correspondingly great, and he refers to this as being according to the *laws* (pray note the word laws) of all palliative action. Then come some strong remarks on the abuse, under this theory, of mercurials, cinchona, and above all, digitalis purpurea, in chronic patients. Next he attacks

the so-called indications, deficiency or excess of oxygen, nitrogen, carbon, or hydrogen in the fluids ; exaltation or diminution of the irritability, sensibility and reproduction ; derangements of the arterial venous, and capillary systems, *asthenia*, etc. In considering these strictures of Hahnemann we must not overlook his previously proved knowledge of scientific chemistry, as well as subjects cognate to the knowledge of medicine, such as anatomy and physiology. His work known as *The Lesser Writings* gives ample proof that he was in thought and practice a medical officer of health, sanitary inspector, and understood well the care of the health in diet and general habits of life. Then come some stringent remarks on polypharmacy, and the terrible ignorance of the actions of medicines, even had they been given singly. Then follows the oft-repeated statement of his own discovery as a result of observation, reflection and experience, and of this . . . as he now terms it, he says, "Hitherto no one has ever taught this homœopathic mode of cure, no one has *carried it out in practice*." Observe he does not say, had the thought of it—like all really great minds he is cautious in his statements and generous. "In all ages," he goes on to say, "the patients who have been really, rapidly, permanently, and obviously cured by medicines, and who did not merely recover by some fortuitous circumstance, or by the acute disease having run its allotted course, or by the powers of the system having, in the course of time, gradually attained the preponderance under allopathic and antagonistic treatment—for being cured in a direct manner differs vastly from recovering in an indirect manner—such patients have been cured (although without the knowledge of the physician) by means of a (homeopathic) medicine which possessed the power of producing a similar morbid state. Even in real cures by means of mixtures of medicines—which were excessively rare—it will be found that the remedy whose action predominated was always of a homeopathic character." Many references follow illustrating the above facts and instancing cures discovered by the empirical practice of the common people, such as *arnica* for contusions, mercury for chancres, etc. ; and here we find how it was habitual to Hahnemann to ask why such and such

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a cure occurred, being certain with the insight of genius that there must be a scientific reason, thus he inferred the properties of natr. mur. from the fact that salt was used habitually by the *plebs* for arresting local external hæmorrhage, charcoal for certain forms of dyspepsia, lycopodium for trichiasis, etc.; in fact, he habitually thought, and did not cease thinking, on whatever subject thus was presented until he had proved the point by experiment. He proved an apt pupil to his own father, of whom it is narrated that once when in conversation with a friend he broke off the subject, saying "Now it is time for me to go and give Samuel his thinking lesson."

A long note here follows on what Hahnemann calls Isopathy. Here it is only necessary to remark that in the *Organon* itself we read (P. 79, note, Dudgeon's edition): "A fourth mode of employing medicines in diseases has been attempted to be created by means of Isopathy, as it is called—that is to say, a method of curing a given disease by the same contagious principle that produces it. But even granting this could be done, which would certainly be a most valuable discovery, yet, after all, seeing that the virus is given to the patient highly potentized, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a *simillimum* to a *simillimum*." This little note informs us that Hahnemann had anticipated mentally the modern use of attenuated viruses of various kinds, and which are continually being exhibited to our mental and medical observation as discoveries *de novo*, and nowhere is to be found, as far as I am aware, the least reference or hint to homeopathy as having through its discoveries introduced us to this new field of therapeutic victory. *En passant* I am reminded that the only reference made to Hahnemann by the professors of my student days was one by the then Professor of Chemistry, who, when about to speak of mercurius solubilis, prefaced his remarks with the words: "A quack, named Hahnemann, discovered." In the clinical studies now being issued by Dr. Byrom Bramwell to the students in Edinburgh, reference is made in the October number of *Clinical Studies* to protection by attenuated virus. It is to this effect: that a syphilitic infant may infect the most healthy nurse and yet will

not infect its own mother—the suggestion being that she has been protected *in utero* by the absorption from the fœtus of an attenuated virus or the product of an attenuated virus—this is called Colles' law. Sir Thomas Browne, author of "Religio Medici," in the *Homœopathic World* for December, 1908, is reported to have said that the virus of rabies may be mitigated by transmission from one animal to another. In point of fact, gentlemen, what is happening, and it is well that our eyes should be open to it, is that the law itself of similarity and its corollary of potentization are being re-discovered under other names, and are being gradually instilled under other names into the active brains of medical students. I conclude that Hahnemann has fairly proved himself to have brought to light one science, that of the law of similarity in the therapeutic sphere, and to have discovered another one, namely, that of potentization; and having had my attention continuously occupied in these directions now for close on forty years, I can declare with emphasis that all who oppose his teachings do so from ignorance or wilfulness. There are, of course, degrees of apprehension, as we have seen in Hahnemann himself; the grandeur and vast extent of the objects gradually unfolded themselves before his penetrating and indomitable perseverance and energy, and if I were asked what is the key which will open every lock in this vast edifice, I would reply unhesitatingly, Perseverance; and how happy it is to persevere when you are certain that you are in the line of truth.

The British Homœopathic Review.

CASES FROM PRACTICE.

P. C. MAJUMDAR, M. D.

I.

Dropsy, Jaundice &c. cured.

Mr. B, a strong robust European, about 40 years old, came under my treatment for the above complaints on the

15th of January 1906. From the anemic and worn out appearance of the patient I concluded that he was in the last stage of his disease.

Previous history :—He had been working very hard in the India Govt. office for a long time. He suffered for some time from an occasional attack of bilious colic for which he was treated by the allopathic doctors. No permanent cure was effected.

* Subsequently the doctors were of opinion that biliary calculi have been formed and he required an operation. Gradually he showed signs of dropsical swelling and feverishness in the evening. He had tympanitic distention of abdomen and obstinate constipation. He wrote to me from Simla in the month of August and I sent him some medicine and he was relieved.

He complained of a relapse again and I had to send him medicine from Calcutta. He was partially relieved of his pains and suffering.

He came in December and placed himself under my treatment.

Eyes highly jaundiced. Liver considerably enlarged and somewhat indurated, painful on hard pressure. Face pale and anemic-looking. Both feet were œdematous. There was dropsical swelling of abdomen. He used to get fever every evening. Urine scanty and high-colored with brick-dust sediment. Urine was analysed at Simla and was said to contain a good quantity of albumen and some granular casts with specific gravity of 1008.

He suffered off and on from dyspeptic symptoms. Bowels were always constipated, only moved by purgatives. Considerable flatulence. Mental state of despair and irritability.

All the complaints were aggravated in the evening and

during the change of the moon. Could take his food well. Sleep disturbed by itching of the whole body.

15th January. One dose of Lycopod c.m. followed by two powders of placebo for one week.

Improvement steady and he was much cheerful in spirit.

22nd January. Had diarrhœa. Three or four stools in the morning, highly bilious, tympanitic abdomen and passing of wind, colic before and during stool which troubled him very much.

Natrum Sulph 30, twice a day.

27th. Diarrhœa stopped, other conditions the same. Lycopod c.m. one dose and placebo. Doing very well.

9th February. Very great pain in the liver which extended up to the right shoulder. Jaundice increased with intolerable itching of the body.

Chelidon 3x morning and evening but to no effect.

Digitalis 3x ; not much improvement.

15th. Merc. viv. 30. No improvement.

19th. Sulphur 200 one dose. Much better in every respect.

The patient continued to improve and placebos only were given. Jaundice almost disappeared, no itching, bowels regular, no fever for two weeks, but dropsical swelling not much reduced.

Lycopod c.m. one dose and the swelling had been reduced. Placebo.

At this stage the patient was obliged to start for Simla and I continued treatment by letter.

In short, he got a few more doses of Lycopod c.m. at long intervals with plenty of placebos.

Next cold season he came back to Calcutta, quite a changed man, perfectly recovering his health. His former allopathic physicians were also surprised to see him restored to health.

This is a remarkable case and the cure with high potency is to be congratulated.

II.

Uterine tumor with unbearable ovarian neuralgia.

Babu B's wife, an elderly lady, had been suffering from uterine pain and irregular menses from a long time. After suffering in this way for years, she consulted some eminent allopathic physicians of this city who declared the case to be one of uterine fibroid, the neuralgic pain which she used to get often was due to ovarian implication, and the case could not be cured without operative measures. I took charge of the case in January 1897.

Tumor was very hard and moveable. No pain on pressure over the tumor. There was some pain on pressure over the right ovary which seemed somewhat enlarged.

Menstruation profuse, bright red and clotted. Pain before and during menses, more on the right side. The husband said this pain continued throughout the intermenstrual period and was very distressing.

Constitution had been run down. Had acidity and dyspeptic complaints. Bowels irregular, alternate diarrhoea and constipation. Could not take her food well.

Always felt chilly but there was no fever. Burning of the hands and feet.

Mild and cheerful disposition, except only when in acute pain but still she could bear it well.

4th. January. Calcarea Carb 30 one dose every morning.

Much improved in every respect after a week.

Tumor seemed to be soft. No acidity and appetite improved.

12th February. There was great pain in the right ovarian region. I was called in to see her and was requested to give her relief.

One or two medicines failed to do her any good. At last I sent her four powders of Palladin 6x, one every three hours, till the pain subsided when the medicine was to be stopped. It had the desired effect. After two powders the patient slept well and got rid of the pain. Placebo.

4th March. She had great trouble with acidity, heartburn and diarrhæa. Calc c. had no action.

Robinia 3x proved efficacious in a couple of hours.

To make the report short Calc c. high with occasional doses of Palladium as an intercurrent cured the case.

Tumor entirely disappeared. I treated her the next year for fever, dysentery &c.

HAHNEMANN AND HOMEOPATHY.

A few days ago a friend of mine was invited to dinner by a high European official of our Government. In the course of conversation, which had been turned towards homeopathy, the official remarked that homeopathy was dying out and no body would care to ask for its help. My friend however contradicted him saying he was quite ignorant about the state of homeopathy in this country, especially in the town of Calcutta and its neighbourhood. He explained that in the metropolis there were a good number of qualified homeopathic physicians and surgeons, some of them being at the top of the medical profession in the city, and securing a large clientage and considerable income.

My friend also informed him that many educated and intelligent youngmen travelled abroad to America and entered some of the best homeopathic Colleges in that country as regular students there and graduated and obtained the highest degree as Doctor of Medicine. They have returned home

and set up as medical practitioners and have been doing roaring business.

About the efficacy of homeopathic remedies for the cure of the sick, my friend was not silent. He cited an instance from his own knowledge. He is a lawyer but he used to keep a box of homeopathic medicines. A case of dysentery cropped up in his neighbourhood and the allopathic doctors after treating the case for sometime declared it to be hopeless. The father of the patient requested my friend to give some homeopathic medicine which he demurred remarking he was not a doctor and such cases could not be easily handled by a layman. At last he was prevailed upon to try some of his medicines which acted marvellously. The patient was cured with a few doses in a short time. He instanced some more cases of serious sickness cured by homeopathic remedies when all others utterly failed.

These somewhat convinced our official who remarked there might be truth in all systems of medicines and homeopathy should not be the exception. In this country our big officials especially those who belong to the civil service are seldom acquainted with many things which are doing much good to the people under their care. In England there are a good number of homeopathic physicians and some hospitals and dispensaries. But the name of Hahnemann and homeopathy is unknown to many even among the educated classes. Our civilians claim that they have got the best and highest education but as cultivated people they ought to enquire about such an important subject as homeopathy. Our present king not only knows all about homeopathy but recognises the efficacy of it. Very recently His Majesty made some presents to the London Homeopathic hospital with words of appreciation to the authorities of the hospital. We earnestly request our high officials to see these things which are

conducive to the well-being of millions of people under their care,

Notes.

The Calcutta School of Homeopathy and the M. M. Bose Homeopathic College are to be amalgamated from the beginning of the new session which opens in June. We are glad to find that the authorities of both the homeopathic schools are now alive to their duties. By this amalgamation we shall have a strong college with an efficient staff of Professors and improved equipments.

There remain two more institutions which are recently started and we hope they will also come together and a united homeopathic college will soon be what is worthy of the city of Calcutta. We must always remember that, united we stand and divided we fall.

Several meetings were held lately in connection with the proposed Homeopathic Hospital here. Rules and Regulations have been framed and a strong Committee has been constituted. The draft rules and all other papers are now in the hands of the lawyers and we hope and trust, everything will be finished to expedite the construction of the building.

Our present Lieutenant Governor is a great patron of hospitals everywhere under his care. There are new hospitals built in Calcutta and old ones are newly fitted. All these are allopathic institutions. When will the time come for the construction of hospitals devoted to the new system of medicine? In Calcutta where homeopathy is fast advancing Govt. officials do not pay any attention to this.

Society meetings :—Our Calcutta Homeopathic Society is doing immense good. From January we have a new staff of officers elected and they are working in right earnest. Dr. B. B. Chatterji has been elected the President, Dr. J. N. Ghose and J. N. Majumdar, Vice-Presidents, and Dr. S. Goswami, the Secretary. We hope the Society will improve in the present year.

Leprosy—This loathsome disease has been increasing every day. There are some asylums in different parts of the country but they are all under allopathic supervision. The allopaths have no medicine to procure a permanent cure. We have little experience as regards the treatment of this disease, still we can say, with indicated remedies constitutionally suited, we could achieve permanent cures. There is a belief among scientific medical men that vaccination has much to blame for the increase of leprosy. This requires an urgent enquiry.

Tumour cure :—We have cured a tumour in the abdomen of fibroid nature by internal homeopathic remedy. One of our class friends, an assistant surgeon, had been watching the case and when the disease was cured he asked us where was the fleshiness gone ? He thought it strange that such a thing could happen. Then it was explained to him that deranged vital force is the cause of all diseased conditions and the recuperated vital force also restores the organ to its normal condition. This secret of nature, unfortunately the other school of medicine cannot understand.

Malaria and Quinine—The time is fast approaching for the advent of malarious fever in this country. We should be on our guard to get rid of this scourge. Quinine and other preparations of Cinchona have been advocated by the

dominant school of medicine. They are not only useless but positively harmful. Recently Professor Koch says that these fevers are caused by Quinine. Hahnemann has clearly pointed out the ill effects of Cinchona in his *Materia Medica Pura*. For the graphic description we refer our readers to that original work translated by Dudgeon.

We say that Quinine is harmful in this disease. It makes the patient almost incurable. We can cure a virulent type of malarious fever with indicated homeopathic remedies but that combination of disease—malaria and quinine—which takes possession of the body, is very difficult to eradicate, nay almost impossible of cure. We have been able to cure some cases but after a prolonged and very careful treatment. So we advise our people not to be deluded by a speedy cure with an enormously big and often repeated doses of Cinchona and its alkaloid the Quinine.

The Czar and Homeopathy—Dr. J. Murray Moore writes in *Hom. World*, January, concerning Homeopathy in Russia :

"A recent visit to St. Petersburg and Moscow has enabled me to acquire some information about the status of our great cause in Russia. In St. Petersburg, with a present population of one and a half million, there is a well equipped homeopathic hospital, built upon a healthy suburban site granted by the late Czar Alexander II.—a victim of Nihilist bombs—who alone of the Romanoffs was a convinced homeopathist. In fact he brought up the Imperial family, I am informed, as children, to be treated, when ill, solely by our method. An English governess, skilled in domestic Homeopathy, often ward off serious attacks of illness by the timely administration of our remedies. The Czar adopted this method per-

sonally, when the court etiquette permitted him, my friend, D. Leon Brasol, being his private physician."

Typhoid and Homeopathy.—Typhoid fever is probably the most clearly defined and best known disease that afflicts humanity, and its treatment is, therefore, the best test of the efficacy of a system of medicine that can be applied. The average death rate according to Dr. Hare, of Philadelphia, an acknowledged authority, is 10 per cent. under modern scientific medicine. In the London hospitals, and those of other large centres, the mortality averages 16 per cent. or over. At the American meeting of the Launceston Homeopathic Hospital, Tasmania, it was shown that since the establishment of that hospital seventy cases of the disease had been treated with only one death, and this case was moribund when brought in, as the patient's bowels had already been perforated by the disease, which means death so far as medicine is concerned. Records of this nature prove that human life is safer under pure homœopathic treatment than under any other. It is but just to state that not in every instance can Homeopathy show such a remarkable record as that in Tasmania, but the reports from all sources show a much lower death rate in typhoid under homeopathic treatment than under any other, even what is known as the most scientific. What is true of typhoid is true of all other diseases, indeed, in the most violent diseases, such as Asiatic Cholera, Yellow fever, Cerebro-Spinal meningitis and the like, the difference in favor of Homeopathy is far greater. It must be that these indisputable facts are not generally known, else the 'people would tolerate no other treatment in acute diseases.

A case of consumption.—Dr. G. N. Swan, writing on

the subject of "Ventilation" (St. Louis Medical Journal), says that "millions of lives are being endangered by breathing impure vitiated air. The ravages of tuberculosis will never be eradicated until we have better sanitation in the homes, schools and railway cars of the country. We cannot build sanitariums enough to prevent tuberculosis so long as the breeding places for the disease are allowed to exist. Until compulsory ventilation laws are passed and strictly enforced, tuberculosis will prevail." This is very different from the talk about the "bacilli" of consumption that occupied the time of the late International Congress on Tuberculosis at Washington that filled so many pages of our newspapers and journals. Knat, the German philosopher, said that the breath is the life—which is true in a sense—and it is reasonable to believe if the food of the breath is impure air, disease must be the result. In the bed-room especially the air should be fresh and pure, if one wants to enjoy good health.

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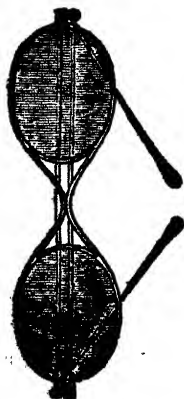
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[No. 6.

HAHNEMANNIAN HOMEOPATHY.

It is a misnomer to call homeopathy as Hahnemannian. As Hahnemann discovered the law of similars and gave it the name homeopathy, whatever is called by that name always indicates *his* system of medicine. It cannot be called by any other name.

The master in his great work the "Organon" taught us what is in his system of medicine new and peculiar. From the study of that we are able to know wherein homeopathy differs from the old school of medicine—the allopathic. It is just enough. We have no business to particularise homeopathy again into Hahnemannian and non-Hahnemannian. But unfortunately these epithets have been creeping on into our every-day talk and in the articles of our journals. We must enquire how they have originated and gained access into our conversation and writings.

Hahnemann and his immediate disciples practised according to set down rules inculcated in his book the "Organon." In this business they proved medicines in healthy

human body, recorded the symptoms arising from taking the medicines and gave them in diseases according to symptoms. Hahnemann advised his disciples to administer these remedies in the minutest possible doses, to cure diseases. He showed them plainly that if they administered medicine in big doses, aggravation of disease would take place. He divided his medicines in minute sub-divisions and called them dilutions or potencies. He saw by his acute observing eye that by this process of sub-division, medicinal powers are developed and so he named not only dilutions but potencies. This process of augmenting or developing remedial power of a medicine he called by the name of dynamization. He carefully pointed out this by potentizing some inert substances, such as Lycopod, Silicea &c into active remedies.

But this dynamization theory of Hahnemann was not accepted by many of his later disciples. They believe it to be simple sub-division or dilution. Thus arose a class of men who did not accept the master's teaching on an important point.

As experience went on increasing, Hahnemann found that certain class of chronic diseases are not amenable to strict symptomatic treatment as enunciated by him. This led him to the investigation of probable causes of this want of success. He found out that certain miasm or miasmatic poisons sometimes lie hidden in the system which hinder the proper action of the indicated remedies. He thus formulated the theory that psora, sycosis and syphilis are the miasms that stand in the way of the perfect cure of chronic diseases. Depending upon this theory Hahnemann discovered the anti-psoric, anti-sycotic and anti-syphilitic remedies to combat inveterate chronic ailments.

This theory of chronic diseases was not accepted by a certain class of his disciples. In this way there arose a class

of physicians who though believed in the law of similars and minute doses, did not subscribe to all the teachings of the master. These two classes are in constant enmity with each other and those who believe the master *in toto*; styled themselves as Hahnemannian homeopaths in contradistinction to those who are to a certain extent non-Hahnemannian. This no doubt is a misfortune but there is no help for it. Whatever there is in name, we hope and believe that none will deny the master's marvellous discovery of the true healing art and science. Nobody who studies the principles of homeopathy clearly and with an unbiased mind and who understands the law of similars as the law of nature, can say that Hahnemannian teachings are worthless. All his assertions and explanations bear the hardest tests of experiment.

B. C. M.

CHOLERA ASIATICA.

(*Continued from page 363, No. 12, Vol. XVII.*)

Cuprum aceticum and Cuprum sulphuricum are some of the other remedies that have been used with good results in this disease. Cuprum aceticum has been spoken of very highly by some of our local physicians. Its symptoms resemble those of Cuprum metallicum very much. Personally I have had no experience with the drug; having never used it in practice.

I have lately used Cuprum sulph in one or two cases with marked benefit. Below is the report of one of them :—

A case of cholera in a woman, 40-years old, in Jugipara. The patient had been purging and vomiting since 10 P.M. the night previous. I saw her at 8-30 A. M. She was having violent cramps in the extremities and abdomen. The pulse almost

imperceptible. The body was cold. Generally the patient's condition looked bad. Secale 30, every three hours.

In the afternoon I got the report that she was not better. The vomiting was incessant and the vomited matter was greenish. The cramps were also very severe, Cupr. sulph 30 every two hours.

1—2—09. Saw the patient this morning. She is much better in every way, but she has not passed urine yet. Placebo every three hours.

3—2—09. Got the report that she was all right. Cupr. sulph acted very nicely in this case. Here are a few other Cuprum cases :—

I.

Spasmodic Choleroïd—On Sunday morning, August 19th, 1849, a merchant, aged 37 years, had a loose evacuation. Without consulting a physician, he took Veratrum. From his medical associations, I had little doubt that it was some low dilution.

At midnight, he was seized with a chill, or paroxysm of shivering, soon attended with cramps in the jaw and wrists. Being alarmed at these symptoms, he sent a carriage for me as soon as possible. The distance was about a mile. In the mean time, he took tincture of camphor, which on my arrival at a quarter before 2 A. M., had been followed by perspiration.

Prescription, Cuprum 30: He was well the same day, Monday 20th. (B. F. Joslin, M. P. L. L. D.)

II.

On the 19th of September, 1887, at 10 P. M., I was called in to see a patient who had taken ill with violent vomiting and purging. This was in a native state in Central India where I had gone to attend a rich man. The patient was a telegraph

master in charge of the station office. He was very strongly built and was about 35 years old. There was a fair in that village on that day. This gentleman with his wife and a few friends went to visit the fair in the evening. While there, he drank a bottle of lemonade (I must say here that aerated waters are rare in such out-of-the way places, and if available they are usually of the worst kind and state). Within a short time of his drinking that bottle of lemonade, he felt a gurling sensation in the abdomen, and was feeling sick. He actually vomited on the road before he could reach home which was not very far ; on reaching home, he had one profuse watery stool. He had several rice-water stools, and vomited several times ; violent cramps in the different parts of the body, more in the limbs, before I arrived at his place ; at 10 P. M., I found him in a very bad condition, namely he was frequently passing profuse, involuntary rice-water stools, constant retching and at times vomiting ; violent cramps here and there on different parts of the body ; great thirst ; hands and feet were icy-cold ; eyes were sunk, cyanotic countenance, extreme prostration, very feeble—almost imperceptible pulse. I had only two remedies with me, Camphor and Veratrum Alb. 6x. I gave him two drops of Camphor in a little sugar of milk. He retained the powder. The first beneficial effect noticed was the diminution of retching and stoppage of vomiting. He passed a copious watery stool before me. After the stool the spasm became very bad, and he was bitterly complaining of cramps. Another dose of the same medicine was given after half an hour of the first. I waited an hour after the second dose and within that period he had neither stool nor vomiting ; in fact he revived a great deal. I left his place a little before midnight. When I left him, his only troublesome and painful symptom was the cramps which made him quite restless. I got a man

with me to give him some medicine for troublesome cramps. I sent a few doses of *Cuprum met 6x*, with instructions that a dose should be given immediately, and be repeated every hour or so, if the cramps were annoying. The next morning I went to see the patient. To my surprise, I found him so well that I could hardly believe he was the same person that had been ill the night before. His wife told me that she had given him only one powder of the last medicine. The cramps subsided and he slept till 3 A. M., when he had a small semi-fluid stool, for which he received no medicine, in fact after the dose of *Cuprum* he had no medicine at night. At 8 A. M. he had another stool, and again he complained of a slight tendency to cramps. Another dose of the same medicine was repeated in the morning, and some arrowroot-water was given as diet. He passed no stool during the day; in the afternoon he passed a small quantity of urine. The next day he felt much better, of course the weakness was very great. However, as he was a strongly built person he soon recovered. (D. N. ROY.)

Cyclamen.

This is a remedy which we have never used in cholera, but it has so many symptoms in common with *Pulsatilla* that we are obliged to incorporate it here. Like *Pulsatilla* the *Cyclamen* patient is despondent and listless. He has blue rings round the eyes and the face looks pale.

The stools are yellow and watery and expelled with considerable force. There may be much thirst or no thirst at all; nausea with vomiting of mucus, the pulse is feeble.

Agravation after coffee, aversion to fatty food, desire for lemonade. Like *Pulsatilla*, *Cyclamen* will be found useful in diarrhoea of women with menstrual irregularity.

We generally use the lower potency of this drug.

Digitalis.

The peculiar heart symptoms of this drug generally lead to its use in all disorders. Still it has some very characteristic symptoms in the perversion of the functions of the bowels. Hence its mention here.

The stools are whitish, grey and involuntary, sometimes like coffee grounds.

Violent vomiting of food, of green bile and of mucus.

Feeling of sinking at the stomach, as though one would die of exhaustion, extreme prostration.

Feels as if the heart would stop beating. Extremely weak, irregular pulse.

The peculiar heart symptoms and the gone feeling would call for Digitalis.

We generally use the 6th and the 30th potency.

Dioscorea.

This remedy though seldom called for in true cholera, has many symptoms in the digestive sphere. It is indicated in persons with feeble digestive powers.

Flatulence after meals or after eating, especially in tea-drinkers.

Violent twisting colic occurring in regular paroxysms as if the intestines were grasped and twisted by a powerful hand.

Colic worse] from bending double, better by bending backwards.

The stools are yellow, watery or bilious. During stools there is great tenesmus.

We generally use the 30th potency and find this remedy very efficacious in *colic*.

(*To be continued.*)

ON DOCTORS *

BY RUDYARD KIPLING.

It may not have escaped professional observation that there are only two classes of mankind—doctors and patients. I have had a delicacy in confessing that I belong to the patient class ever since a doctor told me that all patients were phenomenal liars when their symptoms were concerned. But I should say that the average patient looks on the average doctor very much as the non-combatant looks on the troops who are fighting on his behalf. The more men there are between his dearly beloved body and the unkind enemy, the better the non-combatant is pleased. Medical students are trained men who in due time will be drafted into the permanently mobilized army which is always fighting, always under fire, against death. It is a little unfortunate that death, as the senior practitioner, is bound to win in the long run.

But the non-combatants—the patients—console themselves with the idea that it is, or will be, the business of the doctors to make the best terms they can with death on our behalf, to say how his attacks should be longest delayed or diverted, and when he insists on driving the attack home, to see that he does so according to the rules of civilized warfare.

Every human being—every sane human being—is agreed that this long-drawn fight for life is one of the most important things in the world. It follows, therefore, that those who control this fight and those who will reinforce the army must be among the most important people in the world. Certainly, the world will treat them on that basis.

It long ago decided that you have no working hours that any body is bound to respect, and that nothing except extreme bodily illness will excuse you for refusing to help the man who thinks he may need your help at any hour of the day or night. No-

* Rudyard Kipling delivered a striking and characteristic address on doctors in London on October 1st at the opening of the Middlesex Hospital School.

body will care whether you are in your bed or your bath, or on a holiday, or at a church, or in a theatre. The little vitality you have accumulated in your leisure will be dragged out of you again. In all times of flood, fire, famine, plague, pestilence, battle, murder and sudden death, it will be required of you that you report for duty at once, and that you stay on duty until your strength fails—or your conscience relieves you—whichever are some of your obligations, and I do not think they will grow any lighter.

Have you heard of any recent legislation to limit your output, any bill for an eight-hour day for doctors? Do you know of any change in public opinion that will allow you not to attend a patient when you know that the man never means to pay? Have you heard of any outcry against the people who could perfectly well afford to pay, but who prefer to cadge round the hospitals and get advice and glass eyes and cork legs for nothing? I have not. It is required of you at all moments to save others. It is nowhere laid down that you must save yourself.

That is to say, you belong to the privileged classes. You and kings are about the only people whose explanation policemen will accept if you exceed the speed limit with your motor cars. On presentation of your visiting card you can pass through the most turbulent crowd unmolested and even with applause. If you wave a yellow flag over a centre of population you can turn it into a desert. If you choose to fly a Red Cross flag over a desert you can turn it into a centre of population, towards which, as I have seen, men will crawl on their hands and knees. You can forbid a ship to enter a port. If you think it necessary to the success of an operation you can stop a 20,000-ton liner, with her mails, in midocean till the operation is concluded. You can tie up the traffic of a port without notice. You can order whole quarters of a city to be pulled down or burned, and you can count on armed co-operation to see that your prescriptions are efficiently carried out.

We poor patients do not often dispute your orders unless we are frightened by the continuance of an epidemic. In that case, if we are uncivilized, we say that you have poisoned the drinking water

for your own purposes, and we throw stones at you. If we are civilized, we do something else, but civilized people can throw stones too.

You have been exposed, and you always will be exposed, to the contempt of the gifted amateur, the gentleman who knows by intuition everything that has cost you years of study. You have been, and always will be, exposed to the attacks of those persons who consider their own undisciplined emotions more important than the world's most bitter agonies—the people who would hamper and limit and cripple research because they fear that it may be accompanied by a little pain and suffering. Such people have been against you from the beginning, ever since the earliest Egyptians erected images in honor of cats and dogs on the banks of the Nile. But your work goes on and you will go on. You remain now, perhaps, the only class that dares tell the world that man can get no more out of a machine than he puts into it, and that if the fathers have eaten forbidden fruit, the teeth of the children will be affected.

Your training shows you daily and directly that things are what they are and their consequences what they will be, and that the people deceive nobody but themselves when they pretend otherwise. Better still, you can prove that you have learned. If a patient chooses to disregard your warning, you have not to wait a generation to convince him; you know he will be glad in a few hours or weeks to call you; and you will find your careless friend with an eruption on his side, or visions in his head, precisely as you warned him would be the case if he continued in his errors. Have you considered what a tremendous privilege that is?

In a day when few things are called by their right names, when it is against the spirit of the time even to hint that an act may entail consequences, you are going to join a profession in which it not only pays to tell the truth, but in which you will be paid for telling it. Realizing these things, as I have had good reason to do, I do not think I need talk about the high ideals and the lofty ethics of a profession which exacts from its followers the largest responsibility, of any profession in the world. I will only wish for

your future what all men desire—enough work to do, and strength enough to do the work.

—*Cleveland Medical and Surgical Reporter.*

MATERIA MEDICA NOTES:

Lyssin or Hydrophobinum.

Dr. Hering first prepared the medicine and instituted provings of it in August 1833. He proved it on himself, and afterwards Schnied and other provers took the medicine. Trituration of sugar of milk saturated with the saliva of a rabid dog. Recently trituration has been made also of Pasteur's strongest virus.

It is a very powerful medicine and has been suggested to be made use of in various diseased conditions. Hering suggests it in *hydrophobia*, *chronic headache*, &c. where the patient cannot hear water run. Lippe suggests it in *dysentery*, cannot hear water run. Hale thinks it useful in *chronic camp diarrhæa*. Guernsey suggests in *convulsions in pregnancy* from hearing water poured out. Cox recommends in *prolapsus of uterus* of long standing; he cured six cases. Cate thinks of it in *vaginismus* with prolapsus. Guernsey has it in *puerperal convulsions*. Hering in *dogbites*.

We have very little experience with it. I have seen a case of dysentery cured by Dr. Salzer where the patient had fear of running water. Dr. Bhaduri cured a case of malignant dysentery where the stools consisted of only blood and slime, mixed with offensive pus. The patient could not swallow water which caused spasm of the œsophagus and suffocative sensation.

I gave it to a case of dogbite with success. The young man who was bitten by a mad dog, exhibited some peculiar

symptoms *vis* : the eyes were injected, vacant look, great nervousness and fear. During sleep twitchings of fingers and toes. Lyssin 200 one dose and all the symptoms disappeared.

Tellurium.

Triturations are made from the precipitated metal. Introduced into the homeopathic Materia Medica by Constantine Hering in 1850.

It has been suggested by various authors in the following diseased conditions. Their names are written in brackets. Conjunctivitis (Allen) ; affections of lids (Berridge) ; otitis (Houghton) ; otorrhœa (Dunham) ; offensive axillary sweat (Lippe) ; Tonic muscular contraction of leg (Kershaw) ; Fetid foot sweat (Jones) ; Herpes circinatus (Metcalf) ; Eczema behind ears (Hahnemann) ; scrofulous eruptions (Boynton.)

We have used in many cases of otorrhœa where offensive discharge is a prominent indication and where there is perforation of the tympanum. A youngman who suffered long from chronic otorrhœa and deafness of left ear, with broken down constitution, had been cured by me with Tellurium 30 and 200.

A case of sarcomatous polypus of nose which resisted all our efforts, was cured by Tellurium c.m. one dose. In this case there was hard growth, nearly filling the whole nostril, oozing out thin, watery, fishy smelling pus. The general condition of the patient was good otherwise.

Hura Brasiliensis.

It has been recommended by Dr. B. Finke for a few cases of Fistula in ano. We give the cases here.

I.

Mrs. J. H., washerwoman, 54 years, complained already

last winter of a swelling, redness and burning of the functa lacrymalia and surrounding parts, which was removed by Hura Brasiliensis 9c (F.) one dose at night and morning within a few days. The same trouble returns now.

1876 June 19—The swelling is as large as a pea in size and form.

Hura Brasil 90 m (F.) one dose.

June 20—It ulcerates.

The same. After another dose next day, it healed up within three days.

II

Rev. P., 50 years. Had thirty years ago erysipelas of left eye, treated by a wash of acetate of lead. He complains 1892, May 18, of inflammation, redness, swelling, sticking pain and lacrymation in the internal corner of left eye. Sometimes a slight blur over the eye.

Hura Brasil. c.m (F.).

May 27—Better two days after. Less lacrymation, less sticking.

Feels like a sty which he had formerly.

Hura Brasil. c.m (F.).

June 15—Was all well. But probably in consequence of the heat, the left upper lid swelled and now itches and burns. There is purulent matter in the corner.

Hura Brasil. c.m (F.).

July 2—Left inner corner healed up. Some suppuration in outer corner.

Hura Brasil. c.m (F.).

Then it all got well, and there was no return since.

WHEN TO GIVE AND STOP THE REMEDY. •

By H. A. CAMERON, M. D.

Waterbury, Conn.

The important work of taking the case and recording it in proper form on paper, of working out the symptoms from the repertory and consulting the *Materia Medica*, has been done, and we believe we have the simillimum for the patient's condition. The next point is, When shall we give the remedy? Following the cook-book's advice, we have caught our hare; shall we now proceed to cook it? Ordinarily we would give the remedy at once, and this should be the rule. There are a few exceptions, however, to this rule, when it is better to wait for a certain time, *e. g.*, in intermittent fevers. Hahnemann says: "In these cases the medicine is generally most efficacious when it is administered a short time after the termination of the paroxysm when the patient has partially recovered from it." The object in thus delaying its administration is to give the remedy a chance of uninterrupted action, and also to avoid the homeopathic aggravation which would possibly follow and coincide with the paroxysm if the remedy were given at the beginning of or during the attack. For the same reason in other recurrent or periodic affections (for example, dysmenorrhœa, asthma, &c) we should give the remedy by which we hope to cure the patient not during but at the end of an attack. The administration of *sac. lac.* will usually satisfy the patient's and our own craving for doing something in the paroxysm, unless the sufferings are intense, in which case a palliative remedy should be given, to the choice of which palliative we would be guided by the acute symptoms that call loudest for relief, such as *acon.*, *bell.*, *nux* and *bry.* whose effects are transient and will not interfere with the deeper acting chronic remedies, like *sulphur*, *calcarea* and *lycopodium*.

The manner of administration has the next claim to our attention, and I am sure I voice the sentiments of the best prescribers when

Read before the American Institute of Homeopathy.

I say that the single dose is the ideal we should aim at. It was Hahnemann's method, and it has been the method adopted by the masters since his day. Even in the most acute condition the single dose has proved effective when the remedy was clearly indicated. But from this highest ideal we have sometimes to make a departure, and to safeguard the departure this conservative rule has been formulated, viz: — in certain cases to give the remedy until improvement is noted and then to stop and give no more medicine as long as improvement continues. This is surely latitude enough for even the most routine prescriber. As surely as this rule is transgressed the case will be marred. In acute cases characterized by high fever, intense pain, or rapid progress, the very intensity of the condition seems to consume the beneficent action of the remedy, and while one dose may and very often does cure, it has been found desirable or necessary and not detrimental to the patient to repeat the remedy at intervals until its influence is noted. This may mean giving the medicine every four hours, or even as often as every half-hour, according to the intensity of the pain or the serious character of the case. Neuralgia, rheumatic and typhoid fever, biliary and nephritic colic, and cholera, are instances where repetition is sometimes necessary, but even in these the golden rule is to hold the hand as soon as improvement is manifest.

But it is in the chronic case that the single dose can be best demonstrated. There is no necessity for hurry, and the prescriber can afford to be deliberate. The remedy being decided upon, one dose of a deep-acting remedy should be given and allowed uninterrupted action; when the amelioration follows the rule "Hands off" should be obeyed as long as improvement continues. There is really no limit to the so-called duration of action of a remedy, and hence the necessity for patient observation of the case and hesitancy in interposing another dose. The first indication of a return of the symptoms should not tempt us into a hasty repetition, for it has been often noted that this aggravation is only temporary and is followed by a long period of improvement. Hahnemann, Hering and Guernsey have given us in their works on *Materia Medica* the duration of action

of most of our remedies, and from their observations we will get an idea of what we may expect in this direction. From forty to ninety days is the time credited to the chronic remedies, but even longer reactions have followed the administration of a single dose. When the case comes to a standstill, and the patient does not improve but rather goes back, then another dose of the same potency may be given and watched as before. We will probably not see as long an action follow this second dose, and we will therefore be forced to repeat sooner, say, in two months or six weeks. Subsequent exhibitions of the same potency will produce a shorter effect, and we will have to go to a higher potency to get the same sharp and prolonged effect that we did when we first gave the remedy. When this higher potency has been given until it, in turn, has been exhausted, we will be driven to those potencies still higher, until we reach the highest made, by which time we will probably have extracted all the benefit that that remedy is capable of and need the assistance of another. The safe rule is, that when once a remedy has proven to be homœopathic to a case, never leave it as long as improvement follows its exhibition. I have seen cases where this following up of a series of potencies has been repeated with a long history of continued improvement. Such cases are rare, however, and usually another cognate remedy is called for before the highest potency is exhausted.

Very different, however, is the experience in the incurable case. While the general rule of giving the remedy until improvement is manifest, and withholding it as long as improvement continues, applies here also, we will find that the well-selected remedy is capable of effecting only a short-lasting improvement, and we will have to repeat often until we are giving the remedy perhaps continuously. When no improvement follows this close repetition an intercurrent remedy will then be in order, after which the first remedy may take hold and benefit.

The selection of the suitable potency is often a matter of instinct. Most men have a predilection for a certain range of potencies. With some the thirtieth is the routine choice, others select the

two-hundredths ; others still, Fincke's series of thousandths. Hahnemann recommended the thirtieth, and it is low enough to begin any case with. Bœnninghausen advised the use of the two-hundredths, and Jenichen's potencies, which run up as high as the six-thousandth. We have the widest range, therefore, to select from. If the case is a chronic one, and we want to get out of a remedy all that is possible, we can begin as low as the thirtieth potency, and at wide intervals repeat that dilution until it ceases to help. The two-hundredths, five-hundredths and one-thousandths naturally follow, but after that we must take bigger strides to get results, and so we will give the ten-thousandths, fifty-thousandths, hundred-thousandths and millionths.

In an acute case the first choice may be very high, and provided it is a clear case for the remedy the response will be as sharp from a hundred-thousandth as any one could desire. I have often seen a very high potency act when a lower one failed, and seldom the reverse. The rule which seems to work best is to go higher when a potency does not produce the desired effect, and the rare exception to this rule is exactly the reverse.

Homeopathic palliation is the last item on our programme, and I wish to speak a few words in its behalf. We cannot claim that homeopathic palliation in an incurable condition is always the pleasantest method ; indeed, it is often a painful process and requires courage and patience on the part both of the patient and the physician. But looking at a case from the standpoint of its whole course, and not merely at the sufferings of the present moment, we claim for the homeopathic palliation that it is more fair to the patient, as it prolongs life, which, despite the sufferings, is always the aim of the true physician ; it preserves to the patient a clear mind ; it allows of the normal activity of organs not affected by the disease, and, if I may be allowed to commit an intentional bull, it gives the "incurable" his only chance of recovery. He may suffer, for the homeopathic palliative will not benumb or stupefy, but he will suffer in any case. Drugs administered for their physiological effect are like the old-time Danegelt. The demand is ever for more, and the time

will come when the drug will be a more serious matter than the disease. If we stick to the homeopathic palliative we will in the aggregate give more comfort to the patient, and keep him from that condition which is often more painful and pitiful than disease euphoniously styled a "habit."

—*The North American Journal of Homeopathy.*

Notes.

How to cure consumption.—The following placard has been placed in the trolley cars of Troy, N. Y. :—

"Consumption in early stages can be cured." Take your case in time to a good physician or go to the Relief Station No 2, Hill Street, and you may be cured—do not wait.

Consumption is caught mainly through the spit of consumptives.

Friends of consumption—Dampness, dirt, darkness, drink.

Enemies of consumption—Sun, air, good food, cleanliness.

If you have tuberculosis, don't give it to others by spitting ; even if you have not, set a good example by refraining from the habit always dirty, often dangerous. (Troy Tuberculosis Relief Committee, State Charities Aid Association.)

If the Association will tell a family living in squalor how they can obtain "Sun, air, good food and cleanliness" on the money they earn, how they can increase their earning, they will have solved the "tuberculosis problem." The road these gentlemen are following will soon lead them into the thorny fields of political economy. Light work, good food, cleanliness and plenty of exercise in the pure air and sunlight is bully advice, but how are we to follow it and live ? Turn hoboos ! Yes the microbe men have headed the quarry into the field of political economy. —*Homeopathic Envoy.*

For violent hiccup especially in the evening, soreness of the pit of the stomach and hypochondria, coated tongue, loss of appetite, great weakness and emaciation, symptoms better after eating, Niccolum is the right remedy.

Dr. Hering cured such an obstinate case of two years' standing. Hiccup occurred uninterruptedly for fifteen to twenty times in a minute with the above symptoms present.

Literary men and others who suffer from periodical nervous headaches, weak, asthmatic, digestion weak, constipation, the headache aggravated in the morning on walking, are often cured by Niccolum. We have frequently met with such cases and the above remedy is very efficacious. We recommend this to our readers and colleagues to try it, because frequently Nux vom, Picric acid and others are administered in such cases, and, finding no benefit, both the patients and their physicians lose heart and give up the case in utter despair.

MERCURIUS CORROSIVUS IN CYSTITIS.

BY B. C. WOODBURY, M. D., PORTSMOUTH. N. H.

Case I. May 25, 1908. Patient, Mr. P. Age 59 ; of good habits ; has had chronic hydrocele for several years. Family history good, and has always been well except for typhoid as a young man, and an occasional attack of catarrhal conjunctivitis, from which he has usually quickly recovered, but there remains a certain degree of weakness of the eyes, with granular lids.

Is very low-spirited of late and has lost a good deal in weight the past month, during which time he has noticed that he has had to pass water frequently by day and at night. Now presents following symptoms : Malaise which has increased very perceptibly during past week when, after working in an exposed place in his

garden, thinks he took cold, and in fact there is now a very persistent cough with but scanty expectoration. These symptoms seem to him slight as compared with his persistent backache, smarting and pain on micturition with sensation as if bladder did not completely empty itself.

Remedies prescribed at this time were *Cantharis* and *Berberis*, and relief of the backache followed. Later *Phosphorus* was given, which apparently quickly dispelled his cough, but the uneasiness and frequency of passing water still remained.

Uranalysis June 1st, by Dr. W. H. Watters, showed a marked cystitis, and as shown by the finding of a few hyaline casts, excessive caudate epithelium and calcium oxalate crystals, there was some question about there not being a possible co-existing pyelitis. In support of this there was the pain in the back, but absence of the characteristic temperature and chills of pyelitis and the urine was always acid in reaction. I therefore considered it a case of cystitis with an accompanying hyperæmia of the kidney pelvis.

On the other hand many modern authorities state that it is seldom that an acute infection of the genito-urinary tract is confined entirely to one locality.

Another analysis, June 19th. I quote from the report as follows: "There is a distinct improvement as manifested by the decrease in the amount of pus and of albumin. At the present time, if there had been no previous examination, I should hesitate somewhat in my diagnosis of cystitis. A pyelitis or some prostatic involvement, probably the former is rather more suggested.

These conflicting reports were somewhat clearer after the case became more fully developed.

May 30th, five days after my first visit, there occurred, about 10 P. M. a severe chill. Temperature, which had before this been practically normal, rose to 103.8. Pulse 106. with marked tenderness and severe pain in right testicle and cord (side on which hydrocele was located). The following day I evacuated the contents of the hydrocele, which gave temporary relief, but disclosed a characteristic swelling of the epididymis. From this time until June 18th the

pain, swelling and tenderness increased to its height and disappeared under Pulsatilla, principally with some other remedies.

On June 19th the symptoms of an epididymitis began on the other side and went through a very similar course. Here Hamamelis 3x internally and extract applied as hot as could be borne externally gave more relief than did the Pulsatilla. By June 28th he was much improved, and urine was clearer in appearance. As improvement progressed but slowly, I gave in the meantime Conium 3x and Rhododendron 3x at different times, thinking I might benefit somewhat the hydrocele, which had partially refilled. The Rhododendron in due time reduced entirely the swelling and induration left after the epididymitis, but had no appreciable effect upon the contents of the sac.

Microscopic analysis from time to time still showed pus and bladder cells. During the height of the inflammatory process I examined the prostate per rectum, but could detect no enlargement or sensitiveness. Improvement was slow in the urine and there was still the sudden urging to urinate, with continual mental worryment. Petroselinum 3x dilution, three times a day, relieved somewhat, but had but little if any effect upon the urine.

I next note that October 22nd I was called about noontime and found patient shaking with an intense chill. Temperature 102+. Pulse rapid. Intense backache, headache and vomiting. Here Eupatorium perf. relieved the urgent symptoms, but there soon developed a very acrid coriza, with the urine, as I greatly feared, again loaded with pus.

I now again went over all the symptoms and noted that the most prominent were these: Sudden urging to urinate, with more or less tenesmus of bladder after passing water, excessive weakness, with the fluent acrid coryza and intense thirst more or less constant. I prescribed Mercurius corr. 3x trit. Two tablets three times a day.

October 31st. Urine much improved in amount of pus; less tenesmus.

November 23rd. Patient called for more of same medicine,

saying urging was entirely gone, and examination showed urine free from pus or sediment, urea nearly normal, and at my last knowledge there had been no return of the difficulty. About a month later I treated him for an attack of his catarrhal conjunctivitis, and since then he has remained well.

Case II. Patient, wife of Admiral D—. Age 60 years. No history of a previous attack, but during early part of present summer was annoyed by frequency of passing water, which ceased after a day or two. Patient is short and rather stout, of rheumatic tendency. On the evening of October 27th, 1908, began to have a sense of uneasiness in passing water which gradually increased until the pain and restlessness became almost unbearable. I was called at 1 A. M. There was very frequent bloody micturition with pain and scalding; very restless and nervous, with intense shaking of body with hot perspiration. The nervous symptoms were soon relieved after prescribing Belladonna and Cantharis, but the pain and tenesmus continued more or less unabated. I later found that solution more than any other remedy gave at least temporary relief. Uranalysis by Dr. Watters day following showed blood, very slight trace of albumin, but no pus and none was found until October 31st, four days after the hæmaturia, which had in the meantime cleared up.

November 1st. Urine showed faint suspicion of cystitis, and by November 4th the pus was very marked. I here note that the urging to urinate was very severe before and after micturition, with sticky perspiration on the hands, weakness of limbs, and more or less moisture in mouth, a moderately coated tongue with brassy taste.

I now gave Mercurius corr. 3x, of which one grain was taken once in three to four hours, with an occasional dose of Cannabis solution, principally for temporary relief, until November 20th, when the tenesmus was entirely gone and urine microscopically showed no pus.

In both the above cases a milk diet was insisted upon. The patients remained in bed or in a recumbent position. Spring water was given to dilute the urine. In both cases I confess several

remedies were given from time to time, but nothing except homœopathic treatment was given except in the first case. Here capsules of Arheal (active principle of sandal wood) was given, but I fear my dosage was too attenuated to obtain desired results, as I abandoned it after a week's trial to no purpose.

In justice to myself I should add that in the first case I prescribed Mercurius corr. on my second visit, which was taken for only a day or two, when other symptoms suggested other remedies, and I did not give it a fair trial. I offer as a well-deserved criticism that one should first be sure of the correct remedy and stick to it, but just as much deserving of criticism would be the continuation of improperly selected remedies when in the judgment of the prescriber no benefit was apparent.

As an added thought I will say that I have recently prescribed for a case which presented the following symptoms : Patient, a naval officer. A year and a half ago had an attack of cystitis following exposure aboard ship. For acute symptoms he was given the routine Urotropin, which cleared up the urine, but there has since persisted frequent urination during the day and night, with dull pain above pubis when bladder became filled with urine. Tongue large and flabby and he feels sleepy and very full after eating.

November 10th, 1908, received an initial dose of Lycopodium 200 dry on the tongue, and thereafter Chimaphila 3x, of which he took a dose once in two to three hours during the day. Ten days later reported much improvement of all symptoms and more tablets were given him to take occasionally when symptoms were troublesome at night. At last report he considers himself practically rid of the difficulty. Uræfalysis in this case was negative.

—*The New England Medical Gazette.*

OPSONINS.

CLAUDE A. BURRETT, PH. B., M. D., *Director of pathogenetic laboratory and Assistant Professor of diseases of the blood and genito-urinary system, University of Michigan, Homeopathic Department.*

A well known journal has recently devoted a whole issue to a consideration of "Bacterial Therapy and Active Immunization." In it are contributions from many men of this country and abroad. The articles are for the most part reports of cases treated in accordance with the "Opsonic Theory," as first described by Sir Almroth Wright and Captain Douglas of St. Mary's Hospital, London.

"Opsonic Theory" is another expression for "Theory of Immunization." That is to say, the opsonins in the blood of an individual, measure the power of resistance which that person possesses, to overcome a certain germ disease. One may be able to resist the attack of one germ disease and be very susceptible to the invasion of another ; in the first case the opsonic index would be high and in the second it would be correspondingly low. Therefore, to say that a person has a high "Opsonic index" is akin to saying that one is immune to a certain disease.

Prof. Wright in his investigation has made two very important discoveries. *The first* is that he has devised a method whereby it is possible to determine one's power of resistance. This depends upon the fact that the polynuclear leucocytes ingest and destroy invading disease germs in direct proportion to the amount or the efficiency of a substance in the blood serum to which Dr. Wright has given the name of opsonin. The second important discovery is that this principle of immunization holds good for a large number of germ diseases. Vaccination as a protection against small-pox was

the first practice involving this principle of immunity, yet it has taken the medical world more than a century to explain the process and find that the same principle applies to many other diseases. Dr. Koch electrified all civilization with the hope that a cure had been found for tuberculosis only to find later that the tuberculin which he used was a disappointment owing to the aggravation which it caused the patient. With the development of the opsonic theory and accordingly a reduction in the dose from that which produced a marked aggravation to one which produced but a slight negative phase, improvement and complete arrest of the disease in many cases has been accomplished by Prof. Wright and others.

I wish to speak of one point which is not sufficiently borne in mind by some who have attempted to use this form of vaccine treatment. It rests upon the principle that when in an acute condition the system is at a high point of resistance or "high opsonic index," the administration of a vaccine will be of no value. In a case of diphtheria when the body is charged with a toxin from the invading germs ; to give a vaccine with the hope of still increasing bodily resistance would be of no avail. Fortunately for humanity we have not a toxin (vaccine) but an antitoxin which instead of stimulating the body to greater resistance neutralizes the already over intoxicated system and the body is tided over the critical period of toxemia. So in any diseased condition when the bodily resistance is at high tide a vaccine should not be thought of but rather a neutralizing agent such as an antitoxin.

It is in those diseases where the body does not offer resistance to the invading germs, those abnormalities that appear to resist the ordinary medical treatment that vaccines have a field of usefulness. With the above thought in mind it is easier to mention the conditions where opsonic

treatment would not be indicated, since its field of usefulness is so large.

The question asked by the busy practitioner whenever a new method of treatment is suggested is: what is its practical value at the bedside in the hands of the average doctor? That question can be answered by saying that while the treatment of a condition is as a rule best managed in the hands of a specialist, yet the public can only expect average treatment taking the profession as a whole.

When the Wright method was first described it was given out that the dosage depended for its success almost altogether upon a careful observation of the opsonic index, and the dose should be repeated as the negative phase was passing into the positive phase. Observers since that time have repeatedly noted that the clinical symptoms are a sufficient guide for the dosage. The writer and others have noted that if the dose is properly regulated there will be none or only a slight negative phase or aggravation. The dosage varies with different bacterial vaccines. From 100 to 250, 000, 000 staphylococci are given when a negative phase is expected. In the University Hospital we have given 50, 000, 000 in a case of subacute ethmoidal infection by mouth with splendid results and no aggravation following the dose.

Being able, therefore, to determine the proper time for repeating the dose by clinical symptoms, one of the greatest obstacles in the way of the general use of vaccines is removed. Your speaker is firmly of the opinion that the time will soon come when a negative phase will not be expected after the administration of a bacterial vaccine. A negative phase means a temporary toxemia resulting from the too large dose of the vaccine, and that condition is followed by corresponding reaction on the part of the system or an increase in the bacteria fighting, on the part of the opsonin of the blood.

A slightly smaller dose will stimulate the bodily resistance and avoid the aggravation:

Another important factor that will determine the practicability of vaccine therapy will be as to whether or not stock vaccines are demonstrated to be anything like as efficient as the autogenous vaccines. In the case of at least two forms of bacteria it has been shown that stock vaccines are efficient, namely, tubercle bacilli and gonococci. In the former Koch's new tuberculin is of great value when given in doses of 10,000th of a mg. In the latter a vaccine made from the three pathogenetic forms of gonococcus is also proving a success in the chronic manifestation of that disease. However, your speaker believes that every physician should keep in stock tubes of culture media and at least make inoculations from these cases for diagnostic purposes and when once the culture is grown the vaccine is but one step further. Whatever value stock vaccines may be demonstrated to possess, there is no doubt but that a vaccine made from a culture grown from the germs taken from the afflicted patient has more prompt and efficient curative value. And is it not almost paradoxical that we should expect a cure from the administration of a poison that is already a menace to the body? I believe that I can explain that action, at least, in a crude way. It depends upon the fact that the toxin in the system is not sufficient to stimulate the body to a resistance, yet it is just enough to produce menace to the local part of the body as, for example, the pustules of an acne in the skin; the affliction of a joint in gonorrheal arthritis or enlargement of a tubercular gland or joint, whereas, a slight increase in the amount of toxin in the system will stimulate a resistance on the part of the body. In other words the conditions that are conducive to a chronicity of a disease are lowered systematic resistance to that particular disease. Administering a vaccine in such

cases is simply throwing into the body a little more toxin from the invading germ minus the germ itself. Some one has said that the manipulation of a tubercular joint was accomplishing the same thing as giving Koch's tuberculin. That statement would be true were it not for the fact that the manipulation not only promotes the formation of toxin from the tubercle bacillus in the joint but it tends to send live germs into other parts of the body whereas the toxin given in a vaccine eliminates the germs.

Assuming then that stock vaccines are to be prescribed by the general practitioner he must, first make his diagnosis either entirely upon clinical symptoms, which in a number of conditions can easily be done, and having determined upon the diagnosis he must satisfy himself as to whether the disease is in the stage amenable to vaccine treatment. By the clinical symptoms he is able to note whether the system is offering marked resistance or whether there is a marked depression with the low vital force. Having decided that a certain vaccine is indicated then he must be able to regulate the time and amount of the dose. An increased dosage will be followed by marked lassitude and depression which is the negative phase. The dose must then be decreased to a point where only slight lassitude or none at all is noted. The greater the negative phase the longer time must lapse before the dose may be repeated and accordingly the dose may be repeated sooner with a lesser negative phase and finally with no aggravation the dose may be repeated daily. Following this depression there is always a period of improvement and clinically the success of the treatment depends upon the extent of the relief. In a case of acne the next day after the first dose is given more pustules will appear or if not those present will look worse and then the next two or three days will see a marked relief and it is during this period

of relief that the dose should be repeated and never during the downward curve of this characteristic cycle.

I wish to report four cases of as many different conditions. Two of them I have previously reported but I repeat because they are typical of certain classes of diseases.

Case 1.—A young engineering student of the University came to the University Hospital suffering from Pott's disease which caused us some doubt as to its being tubercular; however, after the classical treatment of rest and extension and no marked improvement it was advised that we try tuberculin (1-10,000 mg.). The young man was given six inoculations of varying intervals of from two to six days. The only aggravation was a slight redness and soreness at the point of inoculation. It was approaching the end of June and he was advised to try the out-door life which he did by camping all summer in Northern Michigan. When we next heard of him I was accosted while going across the campus in the fall by a young man calling to me and running toward me. It was this boy and he told me that he began to improve immediately, beginning while in the Hospital the last few days and the use of the hip was completely restored. That fellow went through the senior year of the engineering course also acting as assistant to one of the professors with no return of the trouble.

Case 2.—Mr. A. received a knife wound into the muscles of the right thigh severing a good sized artery, hemorrhage was so profuse that in order to control it, had to pack the wound and apply firm pressure, consequently, the blood filtrated between the muscles sheaths, clots became infected and a large amount of pus followed. After about three weeks' treatment, the discharge of pus had been controlled, but the patient was losing weight and developed a hectic fever with a temperature ranging as high as 105. After three doses of a stock vaccine of staphylococcus, the patient began to improve,

the temperature went to normal, he gained in weight and is well to-day.

Case 3.—Mr. S., age 21 ; occupation, student in the Literary Department of the University of Michigan ; came to the office April 30th, 1908, suffering from boils on the neck. He had been treated with various blood remedies in material doses with no improvement. When first seen there was a large boil over the left cheekbone with a great deal of induration of surrounding tissue and involvement of the cervical glands. In addition there were several smaller boils about the face. Patient complained of frontal headache, appetite was poor, and there was a great deal of mental anxiety. Echinacea, Apis and Phytolacca, singly, were prescribed from time to time as seemed indicated. The boil was lanced, cleansed and free drainage instituted. The patient did not improve; other boils developed of lesser severity, but continued to come. On June 12th, a culture from a new boil which developed a deep orange staphylococcus. A vaccine was prepared in 1 c.c. sealed tubes each containing 50,000,000 germs in 25% alcohol.

Eight tubes were given the patient to be taken by the mouth, one each evening at bed time. All other treatment was discontinued save an aseptic dressing for the boil then discharging. The second day after this treatment was started two incompletely developed boils on the neck became less red, with no evidence of coming to a head. The discharge from the large boil was greatly lessened. At the fifth day all discharge had disappeared, the skin about the other scars became clear and no new boils had started. Patient left the city at the end of the second week. The face was fast clearing from the dark spots from old scars, and no new boils had appeared.

Case 4.—Mrs. G. Last February developed a pyæmia

due to absorption of the pus from ethmoidal sinuses; typical, rapid pulse; an alternating chill; fever and sweat. The glands of the whole body were swollen and very sensitive to the least pressure, she lost in weight and strength so rapidly that in a short time she was in a helpless condition and continued to grow worse in spite of all ordinary treatment. After careful examination it was decided to administer autogenous vaccines by mouth, in conjunction with the treatment she had been having. In ten days' time after commencing them the enlarged sensitive glands had almost disappeared and the temperature and pulse rapidly came to normal. The patient soon began to gain in weight. After a month or two there was some return of the hectic symptoms and the glands of the neck became sensitive and enlarged as before. Two or three doses of the vaccine corrected the condition and the patient is now in good health.

The above cases represent cases treated with stock and those treated with autogenous vaccines. The reports of the cases speak for themselves. The treatment as carried out, could have been accomplished by the general practitioner with the exception of the preparation of the vaccine in the two cases treated with autogenous vaccines. The method is not an easy one but it reaches a class of cases often otherwise impossible or difficult to treat.

Ann Arbor, Mich. — Cleveland Medical and Surgical Reporter.

BRITISH HOMEOPATHY TO THE FORE.

The Gazette has already expressed the satisfaction that it felt at the prospects of homœopathy in Great Britain and the stimulus that the propaganda received by the establishment of the British Homœopathic Association. The wisdom manifest in the foundation of this association is now once more in evidence. As already noted in an earlier number of this journal, the Lord Mayor of London, Sir George Truscott, is a warm supporter of homœopathy and one of the founders of the above society. In order, therefore, to give added impetus to the movement, he, on March 17th, called a general meeting of all in Great Britain who were interested in homœopathy. The object of the meeting was to make provision for the raising of a general fund for the entire kingdom, the income from which would be administered by a central committee for the benefit of the greatest number. To this call more than six

hundred people responded, coming from all parts of the country. Not only was it notable for the enthusiasm manifested; but it was undoubtedly the greatest national expression of the interest in homœopathy that has ever occurred there.

The British Homœopathic Review gives a very complete account of the proceedings and to this journal we refer those who may desire full details. The meeting was under the presiding direction of the Lord Mayor, who made a strong plea for the public recognition of homœopathy and for a fair, liberal test of the various methods of treating the sick in some large institution. Other speakers of well-known repute followed. Among these may be mentioned the Earl Cawdor, the Earl of Donoughmore, Sir Robert Perks, Colonel Clifton Brown, Dr. J. H. Clarke and Dr. C. E. Wheeler.

The following resolutions were passed :

"That this meeting regards homeopathy as an important asset in the national health, deems its advancement to be an important interest of the State, and welcomes the action of the Lord Mayor in holding this conference.

"That this meeting urges the wider prosecution of original research into the problems of medicine on homeopathic lines ; desires an ampler foundation for a teaching and examining medical school ; and affirms the necessity for an immediate increase in the homeopathic hospital provision for the country."

Another noteworthy feature of the meeting was the subscription towards this general fund. These were made to the amount of about forty thousand dollars, and while by no means more than a beginning, nevertheless is a gratifying start. It is all the more encouraging when it is remembered that it has been made just after the successful completion of the sixty thousand dollar debt fund and one hundred and fifty thousand for the extension of the London Homeopathic Hospital. It surely behoves America to become more active and energetic lest our perhaps too much vaunted homeopathic strength prove less powerful than that of our kindly and closely interested neighbors.

In all these successes the Gazette takes much pleasure. They serve as good examples for America, subjects well worthy of emulation. —*The New England Medical Gazette.*

We heartily congratulate our British colleagues and wish them all success in their endeavours.—Ed., I. H. R.

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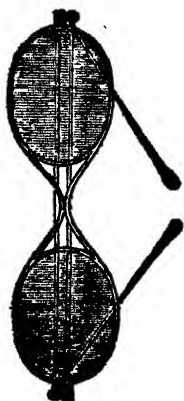
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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

XVIII.]

JULY 15, 1909.

[No. 7.

THE MINIMUM DOSE.

The question of dose still remains unsettled among the homeopathic physicians in the different parts of the world. We do not account for the reason of this. It may be fairly asserted that the cause lies in the ignorance of our doctors of the teachings of the Organon. Dr. Hahnemann very explicitly pointed out everything with regard to the minuteness of dose and the repetition of it. If we are a little careful in reading and understanding these, there is no chance of dispute and misunderstanding. We quote here what he said about the question of dose of homeopathic remedies.

"Now, as the smallest quantity of medicine naturally deranges the organism the least, we should choose the very smallest doses, provided always they are a match for the disease."

"Hardly any dose of the homeopathically selected remedy can be so small that it shall not be stronger than the natural disease, and that it should not be able to overcome it."

Hahnemann also laid down the rules for adjusting the

doses of homeopathically selected medicines in his Organon, Sections 275 to 287. 'In these Sections he clearly pointed out that smallness of dose has nothing to prevent the action of well-selected remedies ; on the contrary larger doses have always a tendency to increase the disease, as the vital power has been too much irritated by the morbid agents in disease. Any increase in the dose causes further irritation and increase of the disease.

Hahnemann says "the suitableness of a medicine for any given case of disease does not depend on its accurate homeopathic selection alone, but likewise on the proper size or rather smallness of the dose.

"For this reason, a medicine, even though it may be homeopathically suited to the case of disease, does harm in every dose that is too large, the more harm the larger the dose."

"For the same reason, and because a medicine, provided the dose of it was sufficiently small, is all the more salutary and almost marvellously efficacious the more accurately homeopathic its selection has been, a medicine whose selection has been accurately homeopathic must be all the more salutary, the more its dose is reduced to the degree of minuteness appropriate for a gentle remedial effect."

Then again in Section 278 Hahnemann says what is the appropriate dose of a medicine and how it can be ascertained. Here he clearly points out that this question cannot be answered by guess work but by practical observations and experience. The Section runs thus—"Here the question arises, what is the most suitable degree of minuteness for sure and gentle remedial effect ; how small, in other words, must be the dose of each individual medicine, homeopathically selected for a case of disease, to effect the best cure ? To solve this problem, and to determine for every particular medicine, what dose of

it will suffice for homeopathic therapeutic purposes and yet be so minute that the gentlest and most rapid cure may be thereby obtained—to solve this problem is, as may easily be conceived, not the work of theoretical speculation; not by fine spun reasoning, not by specious sophistry can we expect to obtain the solution of the problem.

“Pure experiment, careful observation, and accurate experience” can alone determine this; and it were absurd to adduce the large doses of unsuitable (allopathic) medicines of the old system, which do not touch the diseased sides of the organism homeopathically, but only attack the parts unaffected by the disease, in opposition to what pure experience pronounces respecting the smallness of the doses required for homeopathic cures.”

Here the italics are ours. We are grieved to find that homeopathic physicians in different parts of the world without any observation and experience, in a fit of whim, take to either low or high potency and prescribe in a routine form what they consider best.

P. C. M.

EPIDEMIC DROPSY.

Of late there have been many cases of this disease in the city and the suburbs. It seems to prevail in an epidemic form and has been considered infectious by some people, as it sometimes affects a whole family. The southern part of the city appears to be peculiarly free from the effects of the disease. Some discussions have lately taken place regarding the nomenclature of the malady i. e. whether Béri beri and epidemic dropsy are one and the same disease. To us it seems that there is very little difference between them. From the experience we have had of it from previous epidemics and

also during the present one we can make the following remarks and shall be very happy to have suggestions from our colleagues on the subject. The disease, as is well known, has been prevalent in different parts of India at different times. It visited Madras lately and we had a rather bad out-break here in Calcutta only year before last.

Etiology.—Very little is known as regards the causes that produce it. The mode of living, sedentary habits, lack of free ventilation and exercise and a rice diet are some of the factors that play an important part in the production of the disease. Children seem to be peculiarly free from the disease.

Pathology.—A general anasarca manifests itself in the extremities, at first in the lower extremities and gradually extends towards other parts. Sometimes marked ascites is also noticed. As we have no post-mortem knowledge of the malady, it is very difficult to ascertain the exact nature of the dropsical effusion. The liver, spleen, stomach and intestines show little or no pathological change. The heart is frequently affected in the later stages of the disease. The heart's action becomes tumultuous and a typical condition of neurosis of the organ is observed. The lungs are sometimes engorged owing to the perverted condition of the heart's action. The urinary secretions are somewhat diminished but clinical examination does not as a rule reveal any pathological change.

Symptoms.—Slight swelling of the extremities, generally of the lower limbs, is all that is noticed at first. This swelling gradually spreads and finally involves the whole system. In extreme cases the whole body swells up. The abdomen is enormously swollen, even the chest and the face is also œdematous. There is a constant rise of temperature ranging from 100 to 103 or 104 F. In very bad cases there is marked oppression of breathing and the patient becomes anæmic

very quickly. The œdema is generally worse during the night and better at day-time.

In extreme cases the heart symptoms are at times very distressing. The pulse becomes exceedingly quick and feeble. In the more hopeful cases the temperature goes down, the dropsical swellings subside and the patient gets well.

Diagnosis.—There is not much difficulty as regards diagnosis after we have seen a few cases. The idiopathic dropsy and the prevalence of the disease in an epidemic form, affecting a whole household at a time, are some of the characteristics of the disease.

Prognosis.—The mortality is generally very small indeed! We have never had a single death under homeopathic treatment. We have seen three deaths in one family under different kinds of treatment.

As regards the treatment of the disease, we have gained considerable experience by treating a large number of cases during the present epidemic. The effect of homeopathic medication has been very satisfactory in nearly all cases. *Rhus*, *Bryonia*, *Kali Carb*, *Lycopod*, *Apis* and *Calc. Ars.* have been some of our sheet anchors in this disease.

Rhus tox generally is our principal remedy at the beginning of the disease. There is some fever with it and there may be an aching pain. During this season particularly when we are having constant rain *Rhus* acts very well.

Bryonia is called for when the pain is felt more after motion. It will also do very well when there is a hacking cough with a tumultuous heart. *Rhus* and *Bryonia* follow each other well.

Kali Carb is indicated if there is pain in the chest with it. There may be a very painful cough which is particularly worse in the latter part of the night.

Lycopod acted nicely in some cases where the heart was involved and there were some gastric symptoms marked with tympanitis &c.

Apis does well in cases when the urinary secretions are diminished and there is a twisting feeling in the œdematous parts.

Calcaria Ars. does very well in cases where the heart is badly damaged and where there is impending failure of the heart's action.

Lachesis may also be called for in this condition.

Arsenic, Laurocerasus and other remedies may also be thought of in the later stages of the disease.

J. N. MAJUMDAR, M. D.

FOODS IN TYPHOID FEVER. *

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The subject of foods, their character, and amount in typhoid fever has been much discussed, and particularly so during the past two decades. Our attention has been more especially directed to this subject since reading Dr. Fisher's admirable paper in No. I. of the Journal of the American Institute of Homeopathy, and the elaborate discussion which the paper elicited. As the greater portion of this discussion was devoted to the character of the feeding in the cases, it occurred to us that some statistics on the subject might be of value. We have, therefore, gathered a few data, from different Hospitals and will present them for consideration. In our opinion.

* Read before Homeo. Med. Soc. of the State of N. Y.

they do not solve the problem, but enough cases have been collected to show in what direction the most important successes are being made at present.

The history of diet in fevers has been ordinarily divided into two periods ; the first period being the one before 1835 and the second, since that time. During the first period, the attitude of the profession and laity generally was to "starve a fever". Under this doctrine, only water, and very little of that, was allowed to fever patients. Through the influence of teaching of Graves, in 1835, a revolution in the matter of foods was started. Graves argued that from want of food the ill effects of starvation were added to the ravages of the disease, and recommended "feeding fevers" though the diet recommended at that time was, comparatively speaking, a meagre one, containing only about 300 calories of nutrition.

About 1870, milk was strongly advocated as a food, especially in typhoid fevers, in the place of the water and broth diet. The milk diet, which is still the principal one used, only partially provides for the needs of nutrition, in that the majority of physicians use from 1 to 2½ quarts of milk in the 24 hours, thus providing only about 1300 calories of nutritive value.

During the last decade of the last century, a few practitioners began to question the suitability of the milk diet, the central issue of the discussion being the amount of food required rather than the particular kind. This latter method of varied diet has, as yet, apparently received no very large following, but we shall be able to offer a few statistics relative to it.

Still later, a few practitioners have advocated a milk-free diet of considerable nutritive value, but apparently this method has a smaller number of followers than any of the others. In a few of our hospitals, as noted in the discussion of Dr. Fisher's paper, it has been the custom to revert to the old method of what we have designated the first period (that is, previous to 1835) to a purely water diet giving no other food for many days together. This method, also, seems to have a comparatively limited number of advocates.

The statistics which we have collected, of course, refer to cases that have had other forms of treatment than food, but in the majority of instances, the methods of treatment did not include the employment of drugs. As far as possible in the limits of this paper we have specified with each group of figures the general line of treatment followed. Except where otherwise stated, the figures are taken from the published official reports of the hospitals named and are therefore probably as carefully prepared and as reliable as any possible to obtain. The figures are also confined as nearly as can be to the same calendar years, so that epidemic influences may be excluded.

Taking first New York City hospitals :

Bellevue Hospital reported during 1905, 1906 and 1907 :
508 cases with 78 deaths, a mortality of 15 3 %.

The diet in this series of cases, generally speaking, has been straight milk, 32 to 48 ounces in 24 hours, with two feedings of 6 ounces each of clear broth.

A few cases were given thick lemon jelly to chew. All cases were given plain water very freely. Where the milk was not well borne it was given semi-peptonized ; that is, about 5 grains of pepsin was added to each glass of milk at the bedside when it was given. The above diet was continued until the patient had gone seven consecutive days without temperature when they began feeding poached eggs, custards, &c., very gradually increasing until the normal diet was reached.

When diarrhoea or tympanitis was pronounced all food was stopped for 24 to 36 hours and nothing but water given.

When the temperature reached 102.6 degrees, icebags were applied constantly to the head until the temperature was reduced and when the temperature was 103 degrees or over, cloths taken from ice water were applied to the axillas and groins and the whole body with the exception of the abdomen was sponged with water at 90 degrees Fahrenheit with gentle friction, for from 10 to 30 minutes, the abdomen being left strictly alone.

No other treatment was used excepting for complications or

profuse diarrhoea, when some form of opium was resorted to. A few cases received salol and in some divisions an occasional cathartic was used, but the vast majority of cases received no medication whatever.

In the first division of Bellevue Hospital, from July 1, 1908 to January 1, 1909.

Seventy cases were treated with three deaths, 4.2 % mortality. Two of these deaths were from perforations and one from complications, including an abscess of the liver.

This series was treated practically without drugs. A few cases received salol occasionally. The general plan of treatment was as outlined above.

St. Luke's Hospital reported for the year 1905, 1906 and 1907 : 319 cases with 35 deaths, a mortality of 9.7 per cent. In this hospital are received patients of a rather higher social grade than at Bellevue.

Here the tub bath at 85 degrees was used as a routine measure when the temperature reached 103 degrees.

Three routine diets were employed :

1st.—6 ounces of hydrochloric milk, and 6 ounces of lemon albumin alternated every four hours.

2nd.—Junket, broths, &c.

3rd.—Zwieback, custards, ice cream, tea, coffee, &c.

The temperature of the patient afforded no indication for a change of diet, the diet used being determined by the character of the tongue, tympanitis, etc. All cases were given water freely. There was no routine medication, the majority of patients receiving no medicine.

Roosevelt Hospital, New York, for the years 1905, 1906 and 1907, reported :

377 cases with 47 deaths, a mortality of 12.4 per cent.

Tub baths at 80 degrees were used every 4 hours for temperatures above 103 degrees in all non-complicated cases.

One visiting physician used calomel in all cases ; another used a routine soap suds enema daily. There was no other routine remedy and practically no medication except for complications.

The diet was practically milk and lime water 1 to 6, 6 ounces every two hours, water ad lib. If much tympanitis was present, all foods were stopped for 24 hours. As soon as the tongue and mind cleared and there was no tympanitis, it was the custom to commence feeding without regard to the temperature, scraped raw beef, custards, and so gradually to the regular diet. Cases here were placed in the open air whenever the weather conditions permitted.

New York Hospital reported for the year 1905 and 1906 :

205 cases with 18 deaths, a mortality of 8.7 per cent.

Routine treatment the Brand bath in temperature of 103° or over.

Very few cases received medication.

Diet consisted of 5 or 6 ounces of milk every 2 hours.

When there was tympanitis or the patient was not doing well, the milk was peptonized. In beginning convalescence the patients were given scraped raw beef sandwiches, three or four times a day. The second day a chop was added ; the third beef steak. One visiting physician gave a still more liberal diet, including with the milk, junkets, custards, &c., with a rather liberal amount of milk sugar to increase the caloric value.

At Mt. Sinai Hospital, New York, we were unable to obtain any statistics whatever as to the number of cases or mortality.

The diet of the different physicians differed, some giving milk-free diet ; others milk diet, plus lemon albumin ; and still others, more varied diets. Evidently the mortality rate is being very closely followed in the different divisions by the house and nursing staff and the only information obtainable was that there was practically no difference in mortality in any of the divisions. In other words, they were unable to observe any influence on mortality from the diet used.

Cumberland Street Hospital, Brooklyn, a City Hospital in charge of homoeopathic physicians reported for 1907 and 1908 :

58 cases with 15 deaths, a mortality of 25.8 per cent.

The routine diet here was from 1 to 2 quarts of milk a day.

FOODS IN TYPHOID FEVER.

No tub baths were given, the medication varying with the different attending physicians.

Flower Hospital, New York, reported for 1905, 1906 and 1907 :
83 cases with 14 deaths, a mortality of 16.8 per cent.

A routine cool sponge was here used for temperatures of 102.5 and over.

The diet here employed by the majority of the attending physicians was water given freely for from one to two weeks and sometimes longer. Feeding was begun by using peptonized milk in small quantities and as convalescence progressed there was a very gradual resumption of food until the regular diet was reached.

Medication was homeopathic exclusively.

Hahnemann Hospital, New York, reported for 1906, 1907 and 1908 :

48 cases with 8 deaths, a mortality of 16.6 per cent.

Routine cool sponges were used for temperature of 102.5 and over.

In the main the diet was like that of the Flower Hospital excepting that there was a tendency to a little more liberality in foods ; that is, milk was used in a portion of the cases by the end of the first week and sometimes sooner.

The medication was homeopathic.

Dr. Séibert reports a series of 338 typhoid patients treated in the last 19 years in hospital and private practice in New York, the majority of them being in the wards of St. Francis Hospital, with 18 deaths, a mortality of 3.1 per cent.

Dr. Seibert's treatment is as follows : "During the first day of treatment nothing but cold water is given. From the second day on, one-half pint of strained rice, oatmeal, or barley soup, containing the extract of half a pound of meat and the yoke of a fresh egg, well spiced, are given every three hours, five times a day. During the night cold water alone is offered. During the first three days of treatment the patients are not urged to swallow all of their soup, but are persuaded to drink cold water every hour by day and by night. From the fourth day on, strained pea, lentil,

potato, and tomato soup, with rice, are added to the menu. The desire for more food, coming in uncomplicated cases, not seldom on the fifth or sixth day, is met by giving the soups thickly made. The lower the fever and the more marked the hunger, the thicker the soup. To every hungry patient two or three zwiebacks are given with their soup at the end of the first week. Orange juice is given in water three times daily. Egg albumin is not given, on account of the possibility of forming toxins. Before each meal 15 to 25 drops of hydrochloric acid are given in $\frac{1}{2}$ ounce of water. Alcohol is given only to toppers."

Dr. Frederick C. Shattuck of Boston, one of the most prominent advocates of generous feeding in typhoid fever, reports from the Massachusetts General Hospital 288 cases treated between 1892 and 1904 and 31 deaths, a mortality of 10.7 per cent.

In Dr. Shattuck's cases the Brand bath was used as a routine measure together with the following diet :

(a) Milk : hot or cold, with or without salt, diluted with lime water, soda water, Apolinaris or Vichy ; peptonized milk, cream and water (i. e. less albumin) ; milk with white of egg, butter milk, kumiss, matzoon, milk whey, milk with tea, coffee, cocoa.

(b) Soups : beef, veal, chicken, tomato, potato, oyster, mutton, pea, bean, squash ; carefully strained and thickened with rice (powdered), arrowroot, flour, milk or cream, egg, barley.

(c) Horlick's food, Mellin's food, malted milk.

(d) Beef juice.

(e) Gruels : strained cornmeal, crackers, flour, barley water, toast water, albumin water with lemon juice.

(f) Ice cream.

(g) Egg soft boiled or raw ; egg nog.

(h) Finally, minced lean meat, scraped beef, the soft part of raw oysters, soft crackers with milk or water, soft puddings without raisins, soft toast without the crust, blancmange, wine, jelly, apple sauce and macaroni.

Dr. Bushuyev at the Kief Military Hospital of Russia reports 398 cases treated between 1895 and 1897 with a mortality of 8.2 per cent.

He employed the following diet :

7 A. M. Tea with a roll.

8 A. M. 400 c. c.—13 oz.—of soft (liquid) oatmeal, barley or wheat porridge, with butter.

9 A. M. 1 or 2 boiled eggs, soft or hard as the patient desires.

10—11 A. M. A glass (200-220 c. c.—6½ to 7½ oz.) of milk with a roll ½ a cutlet, and a bit of boiled meat (160-168 g.—5½ oz.).

12-12 : 30 P. M. A plate (220 c. c.—7½ oz.) of chicken soup or a bowl of ordinary soup, sometimes with a bit of chicken from the soup and a small cup of " kisel " (a sort of sour jelly) ; rarely a little preserved fruit.

3 P. M. Tea with a roll.

6 P. M. A cup of chicken or beef soup ; semolina pudding or milk ; a bit of chicken.

8 P. M. Milk with a roll.

During the night. Coffee or tea, with milk, two to four times ; coffee with cognac. (The milk is usually boiled ; occasionally it is given in the form of junket) .

In addition the patients receive 1 to 3 ounces of wine in the morning, and every two hours ½ oz. of Stoke's mixture (Stoke's mixture : 2 egg yolks, 50 c. c. of brandy, 120 c. c. of aqua aurantii florum, sugar or syrup sufficient to sweeten) "

Finally, the New York Board of Health for the years 1905, 1906 and 1907 reported 5947 cases in Greater New York with 970 deaths or a mortality of 16.3 per cent for the entire city.

We will attempt to draw but one conclusion from the figures presented, as statistics are universally conceded to be unreliable, but this one fact seems to stand out rather prominently—that with one exception the hospitals using the old-style water diets show the highest mortality. It would therefore seem to be established that a moderately generous amount of food in typhoid fever produces the best results.

The requisites for a typhoid food are as follows :

(1) It must be digestible.

(2) It must have sufficient caloric value to partially, at least,

compensate for the loss in weight due to fever metabolism.

(3) It must not affect the bowels.

(4) It must be non-irritating.

The following foods meet these requirements : viz :

Milk, plain, predigested, variously modified or variously flavored:

Oatmeal and other cereals, properly boiled and strained, given as a jelly or as gruels.

Eggs modified or prepared in various ways, especially the whites as albumin water.

Black tea, coffee, fat-free cocoa, soups, milk sugar.

Alcohol, sanatogen, somatose, tropon etc.

—*The North American Journal of Homeopathy*

POISONING BY ANILINUM.

This substance, which is very extensively used in trades for coloring purposes, is a very good remedy in the hands of homeopathic physicians. I have pointed out its efficacy in desperate cases of cholera, where arsenicum seemed indicated but failed to cure. In such cases according to indications it should be used with good effect. We have now observed some cases of poisoning by this substance in the pages of the renowned French journal "Le Monde Medical." We have the records of the following poisoning symptoms which conclusively proves the symptomatic similarity of it to cholera cases.

Dr. Fruppet has just published a case of acute intoxication consequent upon the cutaneous absorption of aniline. Cases of poisoning by shoe-dressings containing aniline has been recorded by Landonzy G. Bronardel and others.

As far back as 1875 Leloir brought before the Biological Society cases of persons suffering from psoriasis for whom

compresses steeped in hydrochlorate of aniline had been ordered. These applications caused *nausea with coldness of extremities*, cyanosis, cramps, shortness of breath and somnolence. The symptoms are always much the same; they are most alarming at the outset but probably subside when the cause is removed. Professor Carl Delio of Dorport had a case in 1888, the patient being a nurse who had swallowed two drams of aniline taken from the clinical laboratory. Within a few hours she presented the following symptoms:—

She was comatose, the cutaneous reflexes were abolished, loss of voluntary movements, acceleration of the pulse, altered respiratory rhythm, fall of temperature, profuse sweats and a greyish blue tint of the skin. Apart from nervous symptoms and discoloration of the skin, there were symptoms referable to the action of the poison on the blood. Twenty-one hours after the injection of the poison the urine already contained tangible quantities of bile pigments and on the third day there was jaundice which went on increasing until the fifth day and there was also hemoglobunurea.

Of these symptoms, many are indicative of a very severe case of cholera. Pulselessness is marked in arsenic cases but we often find even in collapse cases thready and frequent pulse. It is in this latter kind of patients that aniline is indicated. Cold clammy perspiration, blue skin, icy coldness of the extremities, respiratory troubles are all present but the acceleration of the pulse is found. Here aniline and not arsenic is the remedy. In these cases our practitioners generally prescribe aconite but aconite has full bounding pulse and constant restlessness while aniline has drowsiness or comatose conditions contra-indicating aconite.

We earnestly request all our brethren in homeopathic practice to give this new remedy a fair trial in cases of cholera

where the above indications are present and to report the effect in homeopathic journals.

EXPERIENCE WITH TUBERCULIN AND MALARIA OFFICINALIS.

Every physician who has some experience with the treatment of malarious fevers must know what difficulty he has to encounter when such cases are maltreated with big doses of quinine. Hahnemann in his Organon distinctly pointed out that such combination as malarious fever with cinchona and its alkaloid quinine is more difficult of cure than uncomplicated cases of fevers.

We have noticed that in our practice every day. Recently we had to deal with a staunch homeopathic family who when in Calcutta never had quinine &c. for fevers. In the last fall this family consisting of about five members went to a notoriously malarious place. They all suffered from malarious attacks. Most of them relied more upon homeopathic remedies than quinine and they all recovered sooner or later. One boy who was the pet of the family took quinine in big doses to be quickly cured. When they came down to Calcutta, all recovered under my care in the course of a few days except that young boy. I had a great deal of difficulty with him. I gave him several indicated remedies with partial success. Fever stopped and he kept well for a few days but relapses were very frequent. He used to get the fever almost every week. The spleen and liver were enormously enlarged and anæmia supervened.

At last I gave him a few doses of malaria off 200 potency and in the course of a month and a half he was perfectly cured. I did not choose the remedy according to strict indications. There were of course some very prominent symptoms of the

remedy. There were no relapses for a long time and he gained health.

In another case, a young lady had been reduced to a skeleton by repeated attacks of fever accompanied with enlargements of liver and spleen. She had diarrhoea and loathing for food. I tried our remedies without much benefit. She was drugged with big and repeated doses of quinine. At last I gave her *malaria officinalis* 200 and after a few repetitions she was free from fever and there were no more relapses.

A young boy of about sixteen, had an attack of malarious fever and was under allopathic treatment. He had often repeated doses of quinine and as a result suppression of the paroxysm. He was brought to me. He had relapses every full and new moon. Fever generally appeared in the afternoon with slight chill, not much thirst, prolonged heat with burning of hands, feet and eyes. Sallow complexion, enlarged spleen, sweat profuse. I tried *natrum m.*, *silicia*, *ferrum ars.* and *calc. ars.* without much benefit. He was very much emaciated. At last *malaria off* 30, and 200 were given and he made a beautiful recovery.

These cases are very intractable and difficult of cure. I had not much experience with *malaria officinalis* but these few cases gave me encouragement to try it.

Now something about tuberculin in such malarious fever cases. A few years ago I wrote a paper in the Medical Advance of Chicago setting forth my experience with *bacillinum* in desperate cases of malarious fevers. I said there, and my friend Dr. P. N. Chatterjie of Bankipur corroborated my experience, that malarious cases of chronic nature, drugged with quinine generally assume the type of general consumption. For this reason I make use of *bacillin* in malarious fevers. A few days ago I tried tuberculin not in that kind of cases where I advocated *bacillin* but in frequently relapsing cases,

Both tuberculin and bacillin may be considered as antipsoric remedies and therefore they are curative in psoric cases. Hahnemann distinctly pointed out that desperate cases of intermittent fever are psoric in their nature, and so recommended antipsoric remedies for their cure.

Presently a few months ago I got a bad case of intermittent fever with relapses at first once or twice a month and subsequently fortnightly and when he came under my care, every week. I tried medicines with apparently strict indications but failed to do much. At last I decided to try either bacillin or tuberculin. I had tuberculin in the c.m. potency in my case and one dose of 4 globules I put on the tongue of the patient. No repetition for a week when I expected the paroxysm. But it did not come. I waited for sometime and no more fever. However after a month there was a slight rise of temperature about 99.4 and I put another four globules and there was no more paroxysm.

P. C. MAJUMDAR, M. D.

Notes.

The value of milk sugar in the artificial feeding of infants — In order to increase the caloric value of diluted cow's milk used as a substitute for breast-milk in the feeding of infants it is usually recommended to add cream and sugar, and since cream is too expensive for the poor to employ, and is, moreover, less easy to obtain free from bacterial contamination, sugar in some form is more generally utilised. Owing to the fact that the natural sugar in the milk of all animals is lactose, this sugar has been regarded as the best to use if possible, although its greater cost compared with other sugars, such as glucose, cane sugar, and malt sugar is again

an obstacle to its general use. According to the observation of Ruboner, 243 parts of milk sugar have an equal heat value with 100 parts of fat, and the milk sugar has therefore been utilised in such proportions as to make up for the deficiency of fat and sugar in diluted cow's milk. Recently some few authorities have questioned the value of milk sugar added to milk dilutions, and Dr. Richard Weigert of Breslau, gives in the *Berliner Klinische Wochenschrift* of May 24th an interesting summary of these opinions as well as a record of his own observations made at one of the municipal dairies in that city. Prebli in 1901 appears to have been the first to write against the use of milk sugar, on the grounds that it promoted the growth of gas-forming bacteria, and that it rendered the milk less easily digestible by separating the alkalies and calcium from their combinations with the phosphoric acid. Finkelstein has also regarded milk sugar as injurious especially in dyspepsia, and further states that it is much inferior to cane sugar and to malt sugar as an addition to the diet. Czerny and Kellar have also expressed that lactose is of minimal influence upon growth. As a result of his own observation, Dr. Weigert concludes that the addition of milk sugar in 10 per cent. solution as a diluent for cow's milk is without influence upon the weight curve of infants, that it is without beneficial effect upon digestive disturbances, and may hinder the return to normal when given to infants with frequent slimy motions. Dr. Weigert found no advantage in employing milk sugar solution over simple dilution with water or with some simple diluent such as barley water.—*The Lancet*.

Plasmon Products—To most of our readers in the United Kingdom Plasmon is well-known as one of the most nutritious and sustaining of foods, but it may be that to many of our readers in India and the Colonies "Plasmon" is a name

and nothing more. To such we may state that Plasmon is fresh milk in the form of a dry powder, all the fat and sugar as well as the water having been eliminated. It contains all the nutritive constituents of cow's milk, which go to nourish the body, including the natural Phosphates, the essential principal in building up bones, muscle, and other tissues, and hence is an ideal food for children. For invalids and aged persons Plasmon has an established reputation as an easily-digested and nourishing article diet, whether given with milk, in soups or in the form of blanc-mange. To meet the requirements of travellers, cyclists, athletes, &c. numerous combinations have been prepared according to the requirements experience and public demands have dictated. Among these we would mention Beef Plasmon, a combination of Beef extract and Plasmon; Plasmon cocoa, sixty parts to forty of pure cocoa; Plasmon chocolate and milk chocolate (the latter sold in bars and cakes is a very loathsome confection); Plasmon tea, so prepared as to neutralise the tannin; Plasmon arrowroot, plasmon biscuits, of various kinds, containing twenty per cent of Plasmon; Plasmon diabetic biscuits and bread, and last, but not the least Plasmon oats, which is a combination of Plasmon and the best Scotch oats, carefully freed from fibre. These oats are readily prepared, and form a very palatable, easily digested and most nourishing food; indeed we can recommend the combination as the premier food of its class which has been brought before our notice in recent years. Its cheapness, having regard to its high dietetic properties, should ensure for it an enormous demand.

Flies and food contamination.—In an article published in the Lancet of September 5th last, Dr. V. J. Glover points out that the house-fly is often the carrier of infection to milk, and so to infants; also that it conveys infection to the breast-fed infant by entering the child's

mouth whilst it sleeps, and depositing the germ in the saliva. Dr. Glover, whilst approving sterilisation, contends these precautions are almost useless unless steps are taken to prevent contamination of the milk afterwards by flies, and he recommends "suitable cover" to be placed over all vessels containing milk, to prevent the fly reaching and depositing infection therein. By the adoption of this simple precaution the spread of infantile diarrhoea may be prevented. With Dr. Glover's approval, Messrs. Sumner and Co., Ltd., of Liverpool, have made simple, cheap, and yet highly efficient covering for vessels containing milk : as well as gauze covers for the cats to guard against the fly entering the child's mouth and depositing infection in the saliva. These covers are sold at prices, according to size, from four shillings per 100 upwards, and they will be found extremely useful during the summer months, when flies are prevalent, to protect milk, cream, butter &c., from contamination.

SYMPOSIUM ON AMBRA GRISEA. *

Ambra Grisea, ambergris, is derived from the sperm whale, and is probably a morbid product of that animal. It must not be confounded with amber, known to our materia medica as Succinum. The great action of Ambra is on the nervous system. Reflex action in general is increased, with heightened sensibility. It produces faintness (like Moschus), nervousness, jerks and twitches. The mental state is one of nervous embarrassment and bashfulness. The cough, for instance, is made worse by the presence of other people. It is suitable for nervous, excitable children. After the nervous system its power is exerted largely on the pelvic organs ;

* This article has been prepared from material supplied by Dr. J. H. Clarke, but is not actually written by him, as pressure of work has necessitated a temporary slackening of his activities.

much itching and burning of the pudenda in male and female. Burning and itching in vulva and urethra during urination. Even nymphomania may be present; the congestion of the pelvic organs manifests in hæmorrhage between the periods on any slight exertion. There are many abdominal symptoms: great distension, and especially eructations of flatulence after coughing. In general, the Ambra patients feel tired; they sweat easily, warmth aggravates their trouble, and cold relieves. Thin, nervous persons are the typical subjects for the drug.

In amplification of the above statements Dr. Kent may be quoted. His lecture is abridged, but otherwise quoted mainly in his own words:—

We see symptoms coming on at 50 that you would expect at 80. Trembling feeble-mindedness—a dreamy state of mind, hasty, going from one thing to another. Excitability followed by depression. A state of insensibility to all things, joy, grief, &c. The vertigo of old men; dizziness on getting up, on going out into the street. Dwells on grievances in a way somewhat analogous to Nat. mur., but Nat. mur. takes pleasure in the process. Running through all the remedy is the fact that the patient cannot do anything in the presence of others. Easily embarrassed in company, constant fear that he is going out of his mind. Many complaints come on in the morning;

Music aggravates the mental symptoms. Complaints are often one-sided. Numbness runs all through the body, diminished sensibility like that of Secale. Itching all over the body, intolerable, keeps him awake. Tendency to bleeding from nose, kidneys, uterus. Dryness of the mouth without thirst. Inveterate constipation in old people. Distension of abdomen, great flatulence. The cough is nervous, with trembling. Palpitation from slight exertion, mental or

physical or from music. The patient is generally emaciated, withered, wrinkled, and tremulous. Ambra grisea has the most erratic symptoms found outside of Ignatia and Nat. mur. It is antidoted by Camph., Coff., Nux v., Puls., Staph., and is itself an antidote to Staph.

CASES.

The following is taken from the Medical Advance, recorded by Dr. W. J. Martin:—

Last winter I was called to attend a young woman aged about 18. She was tall, slender, stoop-shouldered, and hollow-chested. She had contracted a cold early in the winter, and several additional colds subsequently. Her cough was gradually getting worse, voice hoarse, chest sore, appetite poor, strength failing, menses becoming scant, pulse over 100, and evening temperature $102\frac{1}{2}$ °. The cough was dry and painful, worse at night; chest sore when percussed. Bryonia was given for a time. The temperature came down a little, otherwise no improvement. Phosphorus was next prescribed, but I could not see the improvement which should follow the use of the correct remedy. It was now that my attention was called to the violent eructations that accompanied her cough, and which she said were as distressing and exhausting as the cough.

This was a new symptom to me. I hunted it up after I got home, and found that Ambra grisea is the remedy having this symptom. The next day the patient was put on Ambra 12, a powder every three hours. Amelioration of the cough promptly followed. The remedy was continued, and the case steadily improved to a complete recovery. I have seen cases essentially like this progress into, and die of, phthisis, and fully believe that the Ambra saved this young lady from that fate.

The two following cases, which besides underlining the keynote of the last case add another, are recorded by Dr. J. H. Clarke in *A Lecture on Homeopathy*:—

Early in January last I was written to from the country about two children, girls, aged respectively 3 years and 9 months, and 1 year and 2 months. The history of the cases was this : the children had been both suffering from whooping-cough for two or three weeks. They were being attended by a local allopath, who prescribed according to his lights ; but the elder patient positively and successfully refused to take the medicine. The younger, who had not yet reached years of discretion, was prevailed upon to swallow the dose, but her stomach having more experience than her intellect, she immediately vomited it up again. Now here was a nice state of affairs ! What was to be done ? The upshot was that the father wrote the cases out and sent them to me.

Now, there are whooping-cough remedies in plenty in both schools, but which of them was I to send ? Or was I to select some medicine which had never been given in a case of whooping-cough before ? My correspondent gave me these particulars : In the case of the elder girl the cough ended in belching and the belching brought relief. Also, after the cough, she seemed to swallow in order to get her breath. And, finally, there was difficulty of breathing through the nose from accumulation of mucus. The baby, who was very frail and thin, had a "distressing cough, which seemed to come from the stomach," and with the cough *there was salivation*.

These were the points on which I had to prescribe. Now, there are scores of medicines in the homœopathic materia medica which are credited with producing spasmodic coughs—which of them was I to give ? Homeopathy directs that you must give in any case the medicine which produces the closest likeness to the symptoms of the patient in its effects taken as a whole (the "totality of the symptoms" is the technical expression for this). But this is not a mere matter of counting symptoms ; some symptoms, or parts of symptoms, or some conditions under which the symptoms occur, have much more importance as points for matching than others. Hahnemann pointed out that the most peculiar symptoms were specially important in this respect. The thing that struck me most in these two cases was the belching at the end of the cough.

So I turned to Lee and Clark's *Cough Repertory*, and under the head "Eructations accompanying Cough" I found these remedies: Ambra, Arnica, Sulphuric acid, and Veratrum. Looking up Ambra in Hahnemann's *Materia Medica Pura*, I found this: "Frightful spasmodic cough, *with much eructation* and hoarseness." This symptom was experienced by Hahnemann himself in his proving of Ambra. But to my great delight I found also this other symptom, experienced by his fellow prover, Von Gersdoff: "Dry deep cough, *with flow of water into the mouth.*" So here was also the most peculiar feature of the cough in the other patient—"Salivation with the cough." Ambra also met the catarrhal nasal symptoms of both children. I sent one bottle of Ambra 3 for the two children, with directions for them to take a dose each every two hours. This at once altered the aspect of affairs. The children improved so rapidly that the attending doctor dismissed himself within a week, as he considered they no longer required his care. During the intensely cold weather of February the children had an access of cold, and I made the mistake of changing the remedy, a mistake I rectified a few days later sending more Ambra, this time in the 30th potency. Ambra again quickly wrought improvement, and steadily cured both children unaided by any other remedy.

Finally, we have the following case observed and recorded by Dr. Samuel van den Berghe, and here translated from the Belgian journal in which it appeared:—

The patient was a working mason, dark, of nervous, bilious temperament, 27 years old. From the age of 12 or 13 he had never been able to urinate if there were any other person present, and this symptom had proved troublesome enough to lead him to seek advice. From time to time he drank too much, and if intoxicated was free from his nervous trouble. He had no other symptoms of any note.

The first prescription was Nux vom. 30 on account of his temperament and alcoholic indulgence, but it produced no change.

Under Nat. mur. is found the symptom "Has to wait a long time before he can urinate, especially in the presence of others." But Nat. mur. given for eight days had no better success.

The *materia medica* in Hahnemann's symptom record of Ambra

grisea shows that aggravation of symptoms in the presence of other people is well marked for this remedy. It is recorded with regard to peristaltic action, and also of nervous tremblings of the limbs. Further, Farrington notes aggravation of the cough of Ambra if the patient is not alone. Therefore, although there was no reference in the pathogenesis to difficulty in urination, the remedy was tried in the 6th potency—eight globules each day. Improvement followed in a week, and complete cure in less than a month. A slight subsequent return of the difficulty yielded to the same remedy. It is noticeable that neither Lippe nor von Boenninghausen lay great stress on Ambra with regard to this aggravation in presence of others.

—*The Homeopathic World.*

TUBERCULOSIS IN THE YOUNG. *

By W. B. HINSDALE, A.M., M.D.

The belief is rapidly gaining ground that the first years of life are more important as regards tuberculous diseases than has generally been realized. No one can longer believe that tuberculosis is hereditary. It is ridiculous to speak of any infectious disease being hereditary in the biological sense. True, children are born tuberculous, but even then the disease has been contracted. When we divide life into pre-natal and post-natal periods, we do not draw a very sharp line after all. Infection can take place in both periods as we well know in case of many exanthema.

A child may contract tuberculosis in utero and the extent of the disease will be proportionate to the tubercular process in the placenta.

The child of a tuberculous mother may be born with the germs attached to him, so to speak, and they may have set up their destructive processes while he was still living as her parasite. Such a case we would call congenital tuberculosis. No sooner is the infant ushered into the world than he becomes more exposed than

* Read before the Ohio and Michigan Homœopathic Medical Societies at Toledo, May, 1909.

grown people, and it is probably true that he presents more vulnerable points than they do. That he is more exposed, I shall assume to be granted by every one. It has also been held that his tissues are more susceptible. Two of the points of contact that he presents peculiar to his age are the gums and the tonsils. The jaws of infants are tender, easily abraded and almost naturally inflamed at time of dentition, affording free opportunity for the admission of infections. The tonsils during early life are more prominent and also more frequently present opportunity for invasion. I have seen some computations lately undertaken to demonstrate that advanced age is quite as susceptible a period as any in regard to tuberculosis, but we have not seen it denied that the opportunities for infection and the avenues of entrance are more numerous in childhood.

It is being quite generally held, at the present time, that the majority of those who die of tuberculosis when it causes the highest mortality, contracted and suffered from the disease in childhood, that the individuals have carried in their bodies from their early years, the foci that finally explode and cause their taking off, and that, as a matter of fact, they are not, as they so frequently appear to be, recent cases. The explanations for this statement will be exacted by those who do not accept it. I believe the explanations to be, in part, the fact that the processes of growth and rejuvenation are rapid from babyhood to full physical term and that the warfare against invasion is more energetic and the disease lies dormant and closed. It is a notable fact that the time of greatest mortality is the critical period of social activity. Tuberculosis is aggravated by worry. Sleeplessness, working under a strain, and mental anxiety promote its advancement. The loud awakening of the sexual functions in girls, who are not physically prepared for it, by marriage and motherhood acts powerfully at this time to bring out their smouldering weaknesses. When young people begin to enter upon life seriously; when, if married, they become confronted with establishing a home and get their first children, they labor, perhaps quite unconsciously, under a tension that they never experienced during thoughtless years of childhood and adolescence. At this time the fires that were kindled

years before are fanned into a flame that actually burns out their very lungs.

It may be the alarmist's view, but the tracing of the connection between tuberculosis in childhood and early life and that occurring in later years has been called the most important progress that has been made with reference to the disease since the discovery of the tubercle bacillus.

If it be true that the larger number of pulmonary cases are derivatives from lesions in other parts of the body implanted in earlier years, a great many of them must escape detection while they are in the arrestable stage, and the medical features of the problem, for that reason, are the more grave.

This fact imposes upon both the parents and physicians of children the keenest search and the greatest exactness in methods that they do not lapse before it is too late.

We recognize that the forms in which tuberculosis is manifest in childhood are usually quite different from the forms that occur in adults. All the infantile forms may occur at any period of life, however; and the pulmonary forms, so common during the early periods of grown up life, may occur even in infancy.

Time does not permit the consideration of the avenues of admission of the germs to the seat of their first mischief only in a very cursory manner.

It has always been recognized that the scrofulous form of tuberculosis or tubercular adenitis is very common in childhood. This was noted before it was discovered that scrofula is etiologically a tuberculous process.

The germs may be received by inhalation, ingestion and, among children especially, by direct introduction through the membranous parts of the tissues, as for instance, when a child applies any object he may pick up from the floor to his inflamed gums. The germs do not by any means start their pathological lesion at the point of entrance into the body, because we meet cases of tuberculous peritonitis and tuberculous lesions in the mesentery, the germs possibly having meandered here by the way of the lacteals and lymph vessels from

the alimentary tract, which tissues they have passed by, or through, without taking root. We must cease from holding, if there be no tuberculous enteritis, colitis, appendicitis or typhylitis, that ingested germs cannot be held accountable for mischief found in remote glands or even in the lungs themselves.

The tonsils, of course, are open gates for the admission of infection in case they be irritated, as they so often are, in children.

It is quite likely that glandular disease may be secondary to pulmonary lesions; on the contrary, there seems an abundance of evidence to justify us in still holding that pulmonary lesions are very often secondary to adenitis.

The course of involvement of the cervical glands indicates the source of infection. As they are usually involved from above, downward, it indicates that the primary centre is not in the thorax, in which case the advancement will be from below upward.

The bronchial glands are probably involved oftener than we appreciate. The old notion that a chronic cough will run into consumption is well founded.

(To be continued.)

Book-Review.

The Chronic Miasm, Sycosis, by J. Henry Allen, M. D., Author of *Diseases and Treatment of the Skin and "Psora and Pseudo-Psora"*, Professor of Dermatology, Hering Medical College, Chicago; Vol. II.

At the outset we apologise to Dr. Allen for the delay in noticing the book. The first volume by the author is devoted to Psora and Pseudopsora. By bringing out this book Dr. Allen has placed ourselves under the immense debt of gratitude as in this he elaborates Hahnemann's teaching

on the secret of the causes of all chronic and inveterate diseases.

When in London I had a talk with an eminent homeopathic physician of that city about bringing out a new edition of the master's "Chronic Diseases" to which he replied that Hahnemann's theory of chronic diseases is not in consonance with the scientific spirit of the time. It is therefore advisable not to publish that book. Since then the book has been published in America. In this work Dr. Allen has done more to point out the practical side of the miasmatic diseases. It is therefore that we are under great obligation to the author.

Gonorrhœa is considered by the author as the way by which the sycotic poison is introduced into the system. According to Dr. Allen it has three stages—the primary, secondary and tertiary stages. By suppression of gonorrhœa many chronic diseases are originated. This he pointed out by cases.

Local treatment is very injurious in cases of gonorrhœa, and it is for this, the author says that most of the chronic and incurable diseases take their origin. Dr. Allen thought that suppression of discharges is very injurious, producing dangerous after-effects which can be often removed by bringing out the discharge again.

Bacteria, and their origin has been also discussed. In this Dr. Allen praises Dr. Beauchamp as he alone in the allopathic camp has come forward to assert that these micro-organisms are "not the cause of the morbid conditions but the result thereof."

The last portion of the book is devoted to the treatment of sycosis. Materia medica of upwards of seventy-eight remedies with full indications have been given.

It is a significant fact and it discloses the great high

mindfulness of Dr. Allen that the book is dedicated to enthusiastic homeopathic physicians of our country. We are very grateful to him for this act of generosity. We earnestly recommend this book to all homeopathic physicians throughout the world to study and put to a practical test.

Vital Economy or How to Conserve Your Strength, by John H. Clarke, M. D., London.

In this little volume Dr. Clarke has given us much to think about and digest especially in this country of worry and toil. In India, our people imbibe many habits from our Western teachers, which were unknown before and we are glad to see that one among those savants, has now come forward to teach us those principles and actions which were once our own.

Dr. Clarke does not recommend bathing as necessary to cleanliness ; on the contrary he thinks it is injurious to vital power. We also know this fact. Our old physicians, the kobirajes, think that cold bathing and even warm bathing tends to bring on loss of energy and thus produces early old age. But in this country the heat is so great that bathing is an absolute necessity and often gives strength and vigor for the time being, sometimes followed of course by depression.

Then again fresh air. It is a necessary element for the preservation of health in a warm country. In England and other cold countries it is not so much a necessity. But even in warm countries too much air is not only useless but harmful. Open air treatment of consumption, though strenuously advocated, is not often devoid of danger and in many instances we found it of absolutely no use.

Exercise in this country, when taken in excess, produces an amount of fatigue very injurious to health.

Stimulants of all kinds are more or less prohibited by our religious writers. It is believed that they knew very well the bad effects of them all. Wines and spirits, tea and coffee are now introduced into our country by our western brethren. Even stimulating foods are decidedly injurious. Dr. Chevers, once the principal of the Calcutta Medical College, after his long experience in India denounced the use of stimulants and meat diet in strong terms. In his work "Europeans in India," he says many European people in this country often suffer from bad liver and loss of energy from the use (abuse) of stimulating foods and drinks.

Then Dr. Clarke concludes his brochure by saying something about extravagance of worry and visiting the sick. These must be acknowledged by all as the principal causes of frittering away our vital energy. We have a great desire to quote his words upon these points but want of space here prevents us from doing so. We earnestly request every thoughtful person to read this book carefully and thoroughly. We also ask our countrymen especially to think about adapting their lives in a warm country according to the rules laid down by our ancestors thousands of years ago. It is opportune that our good friend Dr. Clarke has brought forwards these suggestions before us, for which our people in this country will feel ever grateful to him.

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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

XVIII.]

AUGUST 15, 1909.

[No. 8.

THE CALCUTTA HOMEOPATHIC HOSPITAL SOCIETY.

The above society has been formed for the purpose of giving an impetus to the formation of a homeopathic hospital in Calcutta. Sometime ago a movement was set on foot for starting a hospital in the city, but somehow the committee was not able to accomplish much within the course of three years.

Now under the advice of such eminent lawyers as Messrs. B. Chakravarti, S. R. Das and others, the above society has been formed with the object of establishing and carrying on a hospital for the treatment of patients both in-door and out-door, free or otherwise, according to the homeopathic method of treatment.

A committee consisting of twenty-one members, with Raja Peary Mohan Mukerjee, M. A., B. L., C. S. I., as President, has been formed and this committee has been entrusted with the work of formulating the rules and regulations and bye-laws for the society and having the same registered at an early date. The following are the first members of the society :

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Raja Pearymohan Mukerjee, M. A., B. L., C. S. I.

Vice -Presidents.

Rai N. N. Sen Bahadur and P. C. Majumdar, M. D.

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AGARICUS MUSCARIUS.

FRANK A. GUSTAFSON, M. D.

There is no more important remedy, nor one of more wide application, among the lesser remedies of our materia medica than agaricus. Yet it is one of the least known and seldom used. If more were known of agaricus possibly less use would be found for nux vomica and kali phos.

Its range of action includes spinal disorders of many grades—chorea, hysteria, sexual excesses and their resultant neurasthenia—and for the after-effects of long continued drunkenness it is one of our most efficient remedies. These alone give it prominent place and no man is thoroughly qualified until he has a working knowledge of its symptomatology.

Prominent among its symptoms are the following, which are guiding and sufficiently confirmed to be reliable : Jerking, twitching and trembling of muscles, better during sleep ; note the amelioration ; creeping, crawling, itching, changing places upon scratching, with no eruption ; note this last in connection with the itching ; stinging, as from frostbite ; prickling, as if from either hot or cold needles ; peculiarly sensitive to cold ; worse from any mental exertion, but better from physical exertion ; always worse from sexual indulgences. These symptoms denote its exceeding value in all disorders of the cord, even to locomotor ataxia, for which, to say the least, it is frequently palliative.

It is characterized by changeableness of symptoms almost as marked as is pulsatilla. Its irritability approximates nux vomica and platina. Frequent spasmodic contractions place it in line with ignatia and causticum. It is worse in the early morning, like nux vomica, and better toward the evening, like anacardium. Its vertigo in the open air is peculiar and guiding, as is the delirium—singing and talking, but refusal to answer questions.

Among the mental symptoms are loquacity, aversion to work of any sort, delirium beginning with paroxysms of yawning. Frequently the head is in constant motion. Prickling, needlelike pains or icy coldness are pronounced subjective symptoms.

With the eyes are found double vision, twitching and

oscillation of the balls, and marked redness at the inner canthi. That peculiar purple-red of the noses of chronic drinkers is a direct appeal for agaricus, although frequently it is necessary to choose between it and ledum.

Among valuable rectal symptoms are found morning diarrhoea, burning after stool, marked tenesmus, and the passing of *hot flatus*. (Here compare aloes.)

The whole spine is sore to the touch ; aching, worse sitting ; every motion of spine is painful ; frequent burnings up and down the back, or a tingling up and down the back. The legs are heavy and weak. Complaints appear diagonally, especially is this true of the choreas—the right arm and left leg, or left arm and right leg, or alternate sides. Sleep generally ameliorates the condition, but frequently there is starting and twitching upon falling asleep, so marked as to waken him again and again. Eating, coitus, cold weather, thunder storms and spinal pressure all aggravate.

Sexual symptoms are unique and peculiar. Intense excitement both before and during coitus, but orgasm is absent, a burning heat is felt in the urethra during ejaculation. Also, a painful sense of contraction in the testes. Chronic gleet with itching, tingling, the last drop seems to remain. (Here compare argent. nit.)

Sexual symptoms in women are likewise well marked. Great sexual excitement during coitus, ending in fainting afterward ; bearing down accompanied by tingling in the vagina ; profuse dark, bloody, acrid leucorrhœa, patient generally worse during the menses.

Agaricus has a peculiar convulsive cough, ending in repeated sneezing, similar in many respects to scillae and senega.

A few comparisons may be of value. Belladonna presents many of its nervous symptoms, but is rarely indicated except

when brain symptoms and a high grade of fever are present. These are absent with agaricus.

Cicuta presents many similar symptoms, but is marked by frightful distortions of the features, violent shocks all over the body, profoundly aggravated by the slightest noise and especially touch. All these are present in agaricus cases, but never in so marked degree. The intensity alone is sufficient for choice.

It may simulate stramonium, but if we bear in mind the widely dilated pupils, furor of the maniacal delirium and the tendency of the convulsions to limit themselves to the upper parts of the body in stramonium we should have little difficulty.

In sexual neurasthenia it needs comparison with calc, carb., corium, onosmodium, lycopodium, nux vomica and phosphorus.

Calcarea has failure of erection, or ejaculation is too soon, and without orgasm. The agaricus erections are strong, and while there is no orgasm the intense excitement marks a great difference.

Conium has a marked impotence, more decided melancholia and aversion to society, yet dread of being alone, which is guiding.

Onosmodium is totally devoid of any sexual desire and is the most prominent of all our remedies for women of this class who have formerly been sexually active.

The general symptoms will guide to lycopodium, especially when there are present absence of power, coldness and shrunken parts.

Nux vomica may be recognized by its headaches, backaches, constipation, frequent emissions toward morning. A fair comparison leaves but little room for doubt.

Phosphorus has intense sexual excitement and marked

irritability, but it lacks the twitchings, the burning in the urethra during ejaculation and the absence of orgasm.

Agaricus is a wonderfully effective remedy. Study it, use it and see its good work.

2101 Downing avenue, Denver, Colo.

—*Progress.*

ONE OF DR. ALLEN'S LAST UTTERANCES.

Dr. H. C. Allen, Chicago, Ill.: The time to give the homeopathic remedy in acute cases is after the chill or paroxysm has passed. The time to give every remedy in chronic cases is before the hour of aggravation. With some remedies it is in the early morning. The hour for aggravation of pulsatilla, phosphorus, lycopodium, rhus radicans and some others is in the evening. If it be a chronic case, adjust the hour for administering the remedy as far as you can from the hour of aggravation in order to get the best results.

Another thing in regard to the repetition of the remedy stated in the paper provided the symptoms remain the same. I have found it that, if the picture of the case remains the same at the second prescription, which, by the way, is the most difficult prescription ever made, if you think it best to repeat the remedy, you should change the potency. Why did not the first prescription have the desired result? Possibly, I will not say probably, because you did not select the right strength.

Another point. We very frequently have heard it said, "I gave the 1x or 2x or 3x and failed. I gave the 30th or 200 of the same remedy and cured." I have heard doctors say, "I gave the 3x and the 6x and cured, and I gave the 200th and the 1,000th and failed."

Now, it is not the potency. ●The potency is not defective.

You failed to measure the dynamic strength of the patient in order to fit the strength of the remedy to that of the patient. Hahnemann says (Sec. 16), we must adapt the dynamic strength of the remedy to that of the patient.

Another point in the repetition of the remedy. The practice of Hahnemann, as mentioned in the paper, was that of giving a single dose, especially in chronic cases. A single dose is all-right in chronic cases, but in acute cases Hahnemann also says you may give the remedy every ten or fifteen minutes until improvement sets in.

Using the same processes of reasoning that Hahnemann did, we may obtain from nature any number of illustrations. For instance, how large a dose is required of the toxic element of *rhus radicans*, which is perhaps one hundred feet from the patient, or the exposed person, who may be simply riding along the road and the wind blowing across his pathway. He is, perhaps, not exposed to the poison more than a few minutes, but long enough to get one or two inhalations from the toxic elements of the *rhus*. We cannot say exactly how large a dose he has received, it was dynamic, but large enough to produce results. This is true of all our doses in the process of testing a remedy on the healthy or in curing the sick.—Hahnemann's Monthly.

THE CARE OF THE INSANE PREVIOUS TO COMMITMENT.*

R. MONTFORT SCHLEY, M. D.

Buffalo, N. Y.²

I wish to call your attention to the mental injury done insane patients, and the bad mental impressions which the State Hospital authorities have to overcome owing to the ill-

* Read before the N. Y. State Hom. Med. Soc.

advised treatment these unfortunates receive before they come under hospital care.

There is an effort being made by the President of the Lunacy Commission, by Dr. Meyer of the Pathological Institute; and Dr. William Russell, the Medical Inspector, to alleviate some of the hardships incident to the care of the insane previous to commitment.

Dr. Russel was appointed to look into this matter, and his report was submitted in April, 1908.

The recommendations which were lately made by the Lunacy Commission and have received such wide newspaper notoriety, are the outcome of the report. The recommendations state in brief that the care of the alleged insane person be transferred from the poor-authorities to the health-officers of the towns. This, I have no doubt, will be of material assistance in the care of these cases.

To quote from the Insanity Law; "Nor shall such (insane) person be committed as a disorderly person to any prison, jail or lockup for criminals unless he be violent and dangerous and there is no other suitable place for his confinement; nor shall he be confined in the same room with a person charged with or convicted of crime."

In the rural districts where they have no general hospitals or other adequate facility for caring for insane patients, the only suitable place, according to the law, for a disturbed case is the jail or lockup. Even in large cities, the first man to see an insane case is usually the police surgeon, who of necessity lacks the knowledge to recognize at the earliest moment a mentally abnormal prisoner. It is obvious therefore, that even with the proposed improvement in the law, there will still be much to be desired in the care of these patients.

Another step in looking to the better treatment of patients is the establishment of psychopathic receiving-hospitals in

the large cities. The first appropriation for this purpose has been made for New York City. In the next few years we will probably see dotted all over the State in the populous cities, hospitals of this description which will assist in caring for the major part of the acute insane in the large cities. When these hospitals are talked of in your communities, I hope every one will do his share to help the good work along. I regret that it will be some years before these hospitals will be established.

One of the late acts of the Legislature, now something over a year old, whereby patients can be sent to State Hospitals on emergency commitments, has been of great benefit to the community. This law allows two physicians to send a patient to the State Hospital without the necessity of a judge first signing the papers, if, in their judgment, the patient needs immediate care. Only comparatively few patients come under this clause of the law.

Patients mentally ill are treated the same to-day as they were one hundred years ago, by being thrown into common jails with the filth and felons incident to such a place.

The majority of the laity and a large number of the medical profession have a horror of an individual of an unbalanced mind ; often their only thought is to get that person off their hands at the earliest possible moment, fearing that the patient will do himself or some one else a terrible injury, of the nature of which they are in ignorance.

I have known of police officers who have records of bravery in the face of danger, who were cowards when they had an insane man to deal with ; feeding the patient by passing his food through the bars of a cell ; never opening the door until an overpowering force was present to handle the crazy man.

In the line of duty I have visited the greater part of the

towns in the Gowanda district, which is mostly rural in character, and have looked into the accommodations for caring for the insane before they came into the hands of the Gowanda State Hospital.

A description of one town-jail will cover all the rest. In the backyard of some building a frame shack is built, about fifteen feet square, in which are generally about two cells seven feet long by three feet wide, made out of heavy timbers, like cages for wild animals. They are usually filthy in the extreme, with no toilet facilities. Along the side of the cell is a board bench with no bedding, and frequently vermin can be seen, left by the previous occupants.

Then we have the small cities of from ten to thirty thousand people, where a jail is located. These places are generally somewhat cleaner, but the associations are no better and the patients are left to care for themselves as best they may. Some cities do the best they can under the circumstances: They hire a nurse to take care of the patient until the attendant from the State Hospital arrives. In one of these cities the jail is in the basement of the city building, insufficiently ventilated and quite poor.

Even in our large cities where we have State Hospitals in the city limits, the right care of this unfortunate class is very much neglected. In some of the cities I have seen they are thrown into the common police cells, which are simply furnished with a board along one side and a hopper in the end which flushes every minute, and patients while under observation are kept there from one to three days.

I will cite a few cases to show the ill effects, if not actual dangers, through which patients pass when confined in these inadequate places.

One man, a cocaine-fiend, believing he was to be tortured to death, climbed up the side of his cell, diving off backwards

in an endeavour to kill himself to avoid the torture his enemies were to inflict upon him. This same jail held for two days an insane epileptic, who fell in a seizure, striking his head, causing a severe laceration.

One town has its jail across the street from the police station. No one remains to watch the prisoners, so one patient suffering with incendiary mania set his mattress on fire, and it was only the outcries of other prisoners who attracted the attention of passers-by that saved the patient and all other prisoners from a terrible death.

The State Hospitals have received several women suffering with puerperal mania who have been shut up from one to three days in jails or prisons.

I recall one particularly regrettable case coming under my observation while connected with the Gowanda State Hospital, that of a refined, well-educated school teacher, suffering with manic-depressive insanity, from which she soon recovered, who felt that she would never be able to live down the disgrace of her four days' detention in jail and the publicity incident to it.

Young girls suffering with both the excited and depressed forms of manic-depressive insanity have been picked up on the streets and thrown into prison while their mental condition was being inquired into.

I have seen cases sent to jail suffering with manic-depressive insanity, dementia præcox, alcoholic hallucinosis ; and one case of alcoholic paranoia, where the man believed the Maccabees were after him and every man he met was of this organization ; this was more firmly fixed on his mind when he found he was kept in jail.

A case in point is that of a man who had had a depressed attack of manic-depressive insanity and was confined in a State Hospital, from which he was discharged recovered in a

few months. A year later he developed a manic attack, and on a certain Friday evening he committed a criminal act, was arrested and put in jail. Although he was in a town where he was well known and it was perfectly evident that he was again insane, all the efforts of his physicians to get him at once sent to a hospital failed. Being the last of the week, no judge was obtainable to try his case and this highly excitable, curable patient was kept in prison from Friday until Monday when the court again opened.

The major part of these cases had not been declared insane, but were held on a charge of disorderly conduct until they could prove themselves innocent by being adjudged insane, when they were considered invalids and sent to a hospital.

I have gone into homes where physicians have so loaded their patients with hypnotics that the patients had to be carried to the train ; when they commenced to recover from the effects of the drug, their second condition was worse than the first.

I have seen in private homes, patients strapped in chairs with clothes-line, where they had been kept from twenty-four to forty-eight hours, as every one was afraid of them.

Do you wonder, Gentlemen, that State Hospitals have considerable to overcome before the actual care of a patient can be commenced ? If you will stop and think what an effect such treatment would have on a normal individual, and how much worse and lasting it must be to an overwrought and nervous organism, you can readily appreciate how important it is that these mental invalids should be treated as patients and not criminals.

Now the question arises, how can we help these sick people ? The first thing is to keep these patients out of the hands of the police. There is just as much sense in turning over a case of delirious typhoid or pneumonia to an officer of

the law, as a case of mental derangement. I would suggest that mental patients be sent to general hospitals in the large cities, and in the rural districts they should be cared for in the homes of the town authorities. I am speaking of those cases who have no homes of their own. During the past year only one case in ten admitted to the Gowanda State Hospital was of a disturbed type.

The question of greatest importance is the selection of a nurse. She should be kind but firm, and it is much better for the patient that none of those who care for him should be of the immediate family. Impress upon the nurses and attendants that these people are not criminals but patients, and the same pity should be had for these people as for delirious cases. If a nurse cannot be obtained on account of financial reasons or otherwise, there are always friends who can be pressed into service. We will suppose that we have a competent nurse who will carry out our directions to the letter. We have two types of patients to be looked after ; one, the wildly disturbed which causes so much trouble and fear, all the way down through the grades to the other, which is depressed, quiet and desperately suicidal. I will endeavour to outline a method of care for the two extremes while still at home. Intermediate cases of less pronounced type can be cared for as seems best by the methods I will outline.

One of the first rules to be remembered is that no patient after once being pronounced insane should be left alone, as none of them can be trusted regardless of how harmless the patient appears.

Again, there should always be a sufficient force present to handle the patient without injury to him.

The greater number of the insane, if they find they are to be firmly controlled, will readily give in and cause no further trouble. We have the delirious type, that is, delirium tremens,

diseases causing delirium and the delirious insanities. I would call your attention for the treatment of these delirious cases to my article on "Delirium Tremens," read before this Society two years ago, wherein I gave at length my treatment for the deliriums.

These conditions are to be controlled by tact, hydrotherapy and the indicated homœopathic remedy. I would strongly advise against the use of mechanical restraint in these cases as many of them already have ideas of persecution, and when tied down these become certainties; the patients tear themselves to pieces in their endeavour to escape, and frequently die.

Another thing which I strongly condemn is the indiscriminate use of hypnotics; the patients are quieted, but how much worse the result. Most of these delirious cases are disturbed in part, at least, from some poison retained in the system, which we should try to eliminate as rapidly as possible. By giving a hypnotic we dam back the very thing we wish to get rid of. The use of hyoscin I cannot speak too strongly against, for we as homœopaths know only too well what the secondary effect will be. The homœopathic remedies most used in disturbed cases are hyoscyamus, belladonna, and stramonium; to differentiate these roughly, one would say:

Hyoscyamus: jolly, happy, laughing, talking and exalted.

Belladonna: morose, ugly, trying to fight,

Stramonium; vivid hallucinations of sight and hearing, with great fear from these figments of the imagination.

Hydrotherapy in these cases has been of the greatest benefit in the hands of myself and many others, used as hot packs and warm baths.

We now turn to the depressed type. Here the thing we have most to fear is suicide, and we should guard against this

by every means in our power. In every case of insanity, whether excited or depressed, self-destruction, whether accidental or premeditated, should be considered a strong probability. Most depressed cases are physically, as they are mentally, sluggish; their bowels are very costive; the skin is dry and does not react. The greatest benefit has been obtained in these cases by massage and stimulating baths. Mild saline cathartics to clear the system are given with beneficial results. The physician himself should be cheerful and fearless in his care of these cases.

In summing up the care of the mentally unbalanced while waiting to be taken to a State Hospital, I would say :

Under no circumstances should a patient, or even a person suspected of insanity, be confined in a jail or prison, but they should be cared for in a hospital or home, the same as any other sick person.

Never for one moment trust an insane person.

Always have a sufficient force present to handle a patient without injury to himself or any one else.

Do not use hypnotics; they are unnecessary and only retard your patient's eventual recovery.

Avoid mechanical restraint, for it frequently does harm to patients by fixing a transitory delusion or hallucination.

Your best hypnotics are hydrotherapy, gentle but firm persuasion, and above all your carefully indicated homœopathic remedy.

—*The North American Journal of Homœopathy.*

SOME OBSTETRICAL EXPERIENCES.

P. C. MAJUMDAR, M. D.

Many years ago I was in doubt whether homeopathy is suitable for obstetric cases. But this doubt was first

expelled from my mind by treating some cases with indicated remedies. Later on, the excellent work of Dr. Youngling came into existence and my energy and enthusiasm were greatly increased. I commenced working hard and found many of such cases were amenable to homeopathic medication. My former belief was that in these cases operative procedures are the only means at our command, in dystocic cases. Now I find even desperate cases are also relieved and cured by homeopathic aid.

I.

A young lady, *primipara*, in the suburb of Calcutta had difficult labor. Allopathic doctors were called and they wanted to have recourse to instrument to complete delivery. This brought on fits of convulsion and the case was declared hopeless. I was called and finding that all symptoms corresponded to Belladonna, I left a few doses of the 30th potency to be given every hour or two as the emergency required. In a few hours pains increased and os uteri dilated.

But convulsions continued with unabated vigor. Cuprum met 30 every hour. Convulsions reduced in times and force after three doses of the medicine. Pain increased in frequency and force and an easy delivery took place 8 hours after homœopathic treatment. In two hours after delivery convulsions stopped and the lady made a perfect recovery.

II

Mrs. R.—, a fair young lady, *primipara*, in her first pregnancy had tedious labor. About fifteen hours after the first pain it was noticed that breech presentation was the cause of the distress. A midwife dexterously manipulated and by turning head presented. After this pains ceased and delivery retarded.

I gave a few doses of Belladonna 30. Os uterus dilated to

a considerable extent, pains came on in quick succession and a healthy and full-grown male child was born. In this case an allopathic accoucheur was called and he wanted to finish labor by forceps which were not needed.

III.

An elderly woman had her third delivery; the two previous ones were attended with pain and delay and had been finished by forceps. This time, the husband wanted to give homœopathy a trial. I was called at night and found rigid os and diffident pain. After twenty-four hours' suffering my aid was sought for and all in the house were impatient including my patient.

I told them to wait and see the effect of my medicine. Pulsat 6x was first given, followed by Gelsim 3x. Pain commenced to increase in strength. I waited for four hours, no indication of speedy labor. On examination os seemed to be sufficiently dilated and softer to the touch, but instead of head a soft pouch-like body presented to the touch. At first I could not make out what it was, but subsequent examination gave me an idea that the membrane was tough and unyielding and that must be the cause of the delay.

I tried with my finger nails to break open the pouch and after a slight struggle the membrane broke off, a gush of water took place and with it the head engaged. After a few more contractions of the uterus a healthy female child was delivered. This case made a great sensation in that locality for homeopathy. Three doses of Gelsim were tried and dilatation and softening of the os resulted.

IV.

Mrs. S.—a young girl of 18 summers, third pregnancy, had been suffering for three consecutive days without delivery accomplished. Pains irregular and spasmodic in character.

The previous doctor attributed the delay to inertia of the uterus and forceps should be required to complete the delivery.

The midwife in charge gave a few doses of Ergot without much relief. It had the contrary effect, for the pain became more irregular and disorderly. The patient was thin built and weak constitutioned and very irritable in nature. She refused to be submitted to instrumental help. I gave her a dose of *Secale cor* 200, a few globules dry on the tongue. After a few minutes she slept for an hour.

On awaking pains were regular and stronger and delivery was completed in a couple of hours. No more medicine was given.

V.

Mrs. S., *multipara*, of sanguine and gentle temper, in her fourth pregnancy ; one son and two daughters born before, all with considerable difficulty in labor.

This time the abdomen was unusually large and the time seemed to them rather prolonged. This caused great anxiety in the family. As I attended all cases in this house, I tried to ease them. However, at last labor pains began. The pains continued rather long and harassing. I was called and a few doses of *Caulophy 3x* gave some relief.

The whole night there was no sign of labor being at an end. In the morning pains subsided. *Caulophyllum 3x* one dose every 3 hours. After the second dose regular and strong pains commenced and in the afternoon a daughter was born. There was still swelling of abdomen and placenta not delivered.

The midwife made an examination that there was another child in. There was no pain and the lady felt exhausted. *Arnica 3x* every hour. After three hours uterine contraction took place and another well-formed female child was born. An hour

after the mother showed signs of extreme exhaustion—pulse flickering, sighing and difficult breathing, body cold, blueness of face. China 30 had no action and the patient appeared hopeless. I gave a dose of Lachesis 200 and it had a charming effect. The respiration became tranquil, blueness of face disappeared and pulse grew stronger. She made a perfect recovery in a few days.

TUBERCULOSIS IN THE YOUNG.

(*Continued from page 221 No. 7, Vol. XVIII.*)

The sooner we stop regarding chronic bronchitis as a disease and begin to recognize it as a symptom only, usually of oncoming tubercular pulmonitis, the better it will be for our patients. Simply treating a case of bronchitis with a little spray and vapor and a lick-and-a promise of a prescription, is not far short of a punishable negligence. The spray may be soothing and harmless, and an indifferent prescription, probably, may be inoffensive, but the case demands a comprehensive and searching survey, the most painstaking prescribing and many other things just as well. The general lines of hygienic and regiminal treatment must be laid out and persistently followed, if we look to save the patient from final disaster.

Tuberculous adenitis, then, we will lay down as one of the commoner forms of disease among children. Another liability in early life is the meningeal form. I have seen a considerable number of cases of meningitis during the past year, More of both the cerebro-spinal, and of the tuberculous form than I had been privileged to see for some years previous. I had become apprehensive of every case of infantile tuberclosis, wherever the primary focus seems to be, as it carries the liability of assuming that necessary fatal form, tubercular meningitis, for which there is no hope.

I do not believe that tubercular meningitis is ever primary, although some text-book makers state that it may be so. Since it is

secondary, our opportunity is to arrest it before it reaches the inner skull. The child with any form of tuberculosis is predisposed to meningeal involvement.

Tuberculous adenitis is quite a tractable disease, and, while the infection remains confined to the glands, it is our time to fight with great hope.

I wish to emphasize the statement that adenitis is not, by any means, confined to the cervical region. All the lymphatic glands of the body intra-and extra-abdominal are susceptible and the location of the lesion, when we are positive of its presence is often a fruitless search, but the remedies and the treatment may be effective regardless of location. When surgery is invoked, as it often is with the happiest results, the offending part must of course be located.

I wish now to come to something more specific. The following are some of the commoner conspicuous, it not diagnostic, signs of what I have been speaking.

1. Morning anorexia, no appetite for breakfast.
2. Fatigued easily. Every child that comes home from school or an outing complaining regularly of being "so tired" needs to be looked after.

Excitement may hold the fatigue in abeyance for a time and the child may do well in his classes and study hard, but the reaction is then the more noteworthy.

3. The child who is continually catching cold has the predisposition, if not the disease.

4. Cough. A coughing child cannot thrive. He wastes his energy by his explosive efforts, irritates his laryngeal membranes, invites emphysema and probably either is, or will become tuberculous. Children should be taught to control coughing by will power. This education is an important feature of the treatment. Of course some coughing is necessary, but the hacking is often vicious and must be broken up so far as it is a habit symptom.

5. A sore spot in the lung will sometimes be complained of by a child old enough to define his real aches and pains. Investigate its cause and cure it.

6. Loss of weight. It is a very impoverished child that does not gain some in weight. An adult losing in weight without a quite apparent temporary cause has a very suspicious symptom. Loss of weight in a child is more serious. The rule as applied to children should be stated : "Does not gain as he should" ; "Does not thrive."

7. An uneven run of temperature is always a bad sign. If there be a regular evening rise above normal for days and weeks, do not hesitate to pronounce the case as one pretty well under way.

8. Auscultation and percussion should be employed in every suspected case of pulmonary or pleuritic involvement. Determine if there is any particular "spot" in the lung that sounds unlike the corresponding spot in the other lung or surrounding territory.

9. Sweating. Sweating is very suspicious of tuberculosis in the child if, (a) not due to heavy clothes or to hot drinks ; (b) if worse in cold weather whenever the child catches cold ; (c) if around the neck and across the forehead, but if the child has wet the pillow since birth, the probable cause is rickets ; (d) if the sweating stops for intervals and starts again.

I will close these discursive remarks upon causes and symptoms by emphasizing once more that we cannot be too thorough in investigating the cases that may present any of the premonitory, suspicious or diagnostic signs of any form of tuberculosis. With these signs recognized sufficiently early, we can arrest, if not cure, a large majority of them. The treatment is not in the least spectacular except when the surgeon removes for us suppurating glands or for diagnostic purposes opens the abdomen to note if it contains any undetected nodules. The advice of the surgeon is necessarily useful in all cases of bone disease, be it incipient or necrotic. The general treatment, or rather the management, involves time, often the whole period of growth and development of the individual. It is proper to speak of children growing out of a disease or out of a condition. Our services take the form of helping in this out-growth from disease.

Advice must be given and supervision exercised respecting cloth,

ing, sleeping conveniences, general household management, dieting, bathing, bodily habits of children, going to school, etc.

Especially should the principles of the fresh air treatment be taught the parents who should carry them into effect. All these most important adjuvants I must pass by for lack of time, but any of them, within itself, furnishes material for a paper.

Medicines must be given as indicated to correct either present or anticipated states. The treatment is many times prophylactic, although the indications for the prophylactic must be read in the bodily status of the child at the time it is given. Since so many of the cases are glandular, in fact the glandular type is the real child's type of tuberculosis, Calcarea and Calcarea iodatum are frequently indicated. With myself, Calcarea iodatum is a favorite remedy. I have had excellent results from Phytolacca in chronic enlargements of glands, although the diagnosis may not be positive with reference to tuberculosis in Phytolacca cases, which matters not, if the remedy is indicated.

Cistus canadensis many times relieves indurations of lymphatics in children extremely sensitive to cold. When fluctuation takes place of course surgery, Hepar, Silicea or Arenicum may be indicated. Surgery may be recommended in "alternation" with one of the other remedies.

The therapeutics of tuberculosis is a volume within itself. The contents of a brief paper can only be an assortment of hints.

My last hint is, although it must be as slow as it must be deep in its action, the remedy should be worked out, be it nosode, Calcarea, Phytolacca, Sulphur, Lapis alba, Nitric Acid, Causticum, Silicea, Mercury, Iodi, Lycopodium, Ferrum phos., Phosphorus, or what it may.

—*The New England Medical Gazette.*

PREVENTION OF TUBERCULOSIS.

That Tuberculosis has been doing an immense mischief at present, is an undeniable fact. Many theories and speculations have been put forward as the causes of this condition. Bacteriology has done much to point out that some germ is the chief element in its causation.

But to practical men, what are the means to prevent it, is the question of grave importance. It is a disease of civilisation and has its origin in defective sanitary measures. Many of these measures are out of the reach of poor people.

Living in well ventilated and dry house where plenty of sunshine may be had and fresh air and sunshine are advocated by many as the best preventives of tuberculosis.

Then again good nourishing food and plenty supply of it are also necessary.

Hard working people should take much rest. They should live in healthy country places where supply of pure drinking water is available.

Poor people cannot afford to get all these favorable conditions.

Prolonged suffering from malaria and other debilitating diseases is a sufficient cause of this disease. Frequent child-bearing and prolonged lactation are other very serious matters. We have seen several such cases.

Recently we have seen a lady with children born almost every year. She got acute tuberculosis and died in a few days.

Too much medication for ill defined and trivial complaints of some kind brings on the break down of the constitution and subsequent tuberculous disease. Allopathic doctors are much to blame for that. We have seen *kabirajes* often do greater mischief in this respect. Any spitting of

blood, they consider as the precursor of consumption' and vigorous treatment with their many metallic medicines is the rule. This procedure generally produces deliterious effects which cannot be easily eradicated.

P. C. MAJUMDAR, M. D.

Materia Medica Notes.

Nicotinum.

It is an alkaloid from tobacco. It is a very good remedy in cases of cholera in its collapse. Body has cold perspiration, vomiting and nausea, small feeble pulse. In uræmic coma or convulsion it is one of our best remedies. Rapid and difficult respiration.

Ocimum Canun.

Ocimum is one of our sacred plants. Ocimum sanctum is our sacred Toolsi. It has been used by our *kabirajes* from a long time in fever and bilious cases.

It has been proved of much benefit in homeopathic applications.

It is often used in cases of renal colic. Pain especially on the right side of the kidney with great vomiting of bile and restlessness. I cured an allopathic doctor who suffered greatly from renal colic for years. Left-sided pains have been often relieved. It may be used in albuminuria and prolapse of vagina.

Onosmodium.

It is a very useful American medicine. I used it mostly in cases of vertigo, headache, derangement of vision and general nervous debility we call neurasthenia. Dr. Clarke says that the remarkable feature of this remedy is inability to concen-

trate thought ; to focus eyes ; to co-ordinate muscles ; to judge the height of impediments on stepping. In headache of nervous origin, from fatigue and excessive bodily or mental work. In vertigo and sensations of numbness and general muscular prostration.

Headache aggravated in the morning and better after food and bath. Headache with vertigo and dimness of vision. Headache on occiput and on the top of the head. In this respect it resembles Gelsemium.

Dr. Yingling found it useful in debility of sexual spheres. Complete loss of sexual desire in both males and females. Seminal emission is one of the characteristics of this remedy as a result of self abuse.

Leptandra.

It is a wonderful remedy in various cases of liver disorder. It has been proved by Dr. Burt.

He says :—"For the last two hours awful pain and distress in umbilical and hypogastric regions ; drinking cold water aggravated the pain very much, dull aching burning distress in the region of gall-bladder, with frequent chilliness along the spine ; great desire for stool. A very profuse black stool, about the consistence of cream, with undigested potatoes in it gave me great relief." Profuse black and fetid stools are very characteristic of the remedy. After stool great relief is felt but pain does not altogether stop. With the liver disorder dull frontal headache.

Leptandra is a remedy for right-sided pain. Symptoms are aggravated by movement, drinking cold water, exposure to wet weather. Weakness is marked in this medicine.

BILIARY COLIC.

This is often a very distressing and painful affection. It is now-a-days more prevalent among our people. Young, energetic, educated people often suffer from biliary colic. Many a time, we have seen it assume a very serious form.

The principal cause of this ailment is improper food. Not only the hard, undigestible articles of food are responsible for this complaint, but the time and manner of taking food have much to do with the production of the disease.

We often see our young men, when engaged in some laudable or money-making pursuit, forget that their stomach should be attended to. Taking meals at irregular hours, prolonged working in empty stomach and many a time bad food are the chief factors for its occurrence.

This gives great pain and many promising young men become a wreck in early life. In the treatment of such cases, great care should be taken to avoid all the causes that produce it. These are preventable causes and they are always at our command. When visiting America I met Dr. Fincke of Brooklyn, New York, whom I asked about my complaints of biliary colic which was awfully painful. The first thing that the great doctor told me, was to regulate the time of my meal. 'Unless,' he said, 'you take your food at a fixed time, you can never be cured.' Following his advice and taking only a single dose of Lycopod c. m. which was the indicated remedy, I got cured and since then about these sixteen years I have never had an attack of biliary colic.

A few words about the treatment of biliary colic. The allopathic doctors always say that in these cases there is

generally a calculus or several calculi formed and unless you perform an operation and thus remove them, how can you expect to get cured? To them it is true, as they have seldom any curative medicine for this complaint.

We have been able to cure desperate cases with well selected homeopathic medicines. Some of them I here transcribe.

Calcarea carb—Foremost among all the remedies for biliary calculi stands *Calcarea*. During pain in the region of the liver going from right to left, cutting pain in the epigastric region. Bending double relieves. Profuse perspiration, hands and feet icy cold. *Calcarea* relieves the pain at once and brings the patient in the path of recovery.

Berberis—Jaundiced appearance, urine high colored and painful in voiding. Shooting, burning pressure in the region of gallbladder. Pains are paroxysmal and spasmodic in nature.

China—It is very much lauded by many. If administered during the paroxysms of pain it gives prompt relief. Some English and American practitioners say that *China 3x* is the remedy for this painful disease. It is in obstructive colic that *China* stands best. Jaundiced appearance, diarrhaic stool, sensitive to pressure, great debility.

Nuxvom. is also a very efficacious remedy in these cases. Gall-stone, constipation, cannot bear anything tight around abdomen. Jaundice, aversion to food.

Podophyllum—If *Nuxvom.* though indicated does not act or gives perfer relief, *Podophy.* is useful. Pain in the region of the gall-bladder, jaundiced eyes, nausea, constant rubbing of hypochondria with hands, alternate constipation and diarrhoea.

Lycopodium—Violent gall-stone colic, accumulation of flatulence in the right side. Acidity, waterbrash, constipation,

hard and colorless stools. Aggravation in the afternoon. I cured many cases with this remedy.

Carduus mar—Sensitiveness in the region of the liver aggravated by pressure; crawling sensation as if a small body passed through a narrow canal.

Cheledonium is a very efficacious remedy in cases of diarrhoea with jaundice. Pain shooting up the shoulders. Vomiting and clay-colored or bright yellow stools.

Chenopodium—Severe pain in the region of the lower inner angle of the right scapula running into the chest, constipation, hard and knotty stools like sheepdung.

Sulphur—It is a good remedy in psoric cases and for those who indulge in rich food and keep no regular time for meals.

Sweet oil has been recommended by many in the time of pain. They say a table-spoonful of the oil taken during the paroxysms of pain facilitates the expulsion of gall-stones. The oil may be repeated several times.

Diet mostly vegetables; animal food is bad in these cases.

Notes.

Plague in the East is fast dying out. "But the people in the West are getting alarmed that there is every probability of an invasion of this dire disease there. We have several times written about the prevention of plague by sanitary and other measures.

Surgery has made enormous progress in the west; even those cases which are amenable to medical measures, have been often given to surgery. It is a deplorable fact, as medi-

cinal treatment is far better and happier in its results than surgical procedures. Homœopathy is full in its resources in therapeutic medicinal agents but we are sorry our colleagues often neglect this.

Hering Medical College of Chicago teaches true homeopathy of Hahnemann, Dunham, Farrington, Lippe, Hering, Guernsey, Allen and other veteran homœopaths. It was organised and established by a few ardent homœopaths of Chicago, the leading part was taken by the late Dr. H. C. Allen. Lectures began in October 1892. During these eighteen years it had done incalculable benefit to the cause of homeopathy. Many students from India repaired there and returned with glorious success. Dr. J.N. Majumdar was the first to graduate from this college and he was followed by Drs. G. L. Gupta, S. K. Nag, S. Goswami and others of Calcutta and one or two of western India.

Dr. J. S. Mitchell the eminent physician of Chicago said in this way about homeopathy:—"Homeopathy has wiped out all symptoms of syphilis, save the lightest, and absolutely shorn the disease of its ancient terrors. Persons reared under its benign influence are rarely subject to inflammatory rheumatism at any period of life. It has almost obliterated puerperal fever from the families of our adherents, and it has vastly diminished the prevalence of all grave lesions such as phthisis and Bright's disease."

Remarking upon this the editor of the Medical advance Dr. H. C. Allen says :—

"Then why not teach and practise pure homeopathy? Why mix it with the empirical method of the other schools of medicine, that can boast of no such triumphs? Why not

adhere to law, pure and comprehensive, if it promises such results, for no other system holds out any inducements to be compared with it ?”

When in Chicago in 1893 we remarked in one of the grand homeopathic meetings that in India though our members are few, we are glad that all of us are true homeopaths. We practise pure homeopathy of Hahnemann. We are now sorry to say that since then there have arisen many pseudo-homeopaths who do not scruple to mix homeopathy with other unreliable fads of other schools of medicine. Pure homeopathy, strictly according to the law of similars pays more handsomely than mongrelism.

In homeopathic practice the terms dilution, attenuation and potency have been used erroneously for the same thing. Dilution and attenuation are used only to indicate smallness of dose but potency is power and by this a true homeopath understands that power for curing diseases developed by a peculiar mode of making a medicine.

Hahnemann's system of therapeutics is based upon dynamics. As disease is the dynamic disturbance of the vital force so it must be combated by remedies having a similar dynamic power. It is not material. Dilution or attenuation means material diminution of the medicinal substance, but potency is dynamic. If you don't believe in this, the system of homeopathy falls to the ground. Every homeopath should understand this.

We have been often asked—Doctor, what is the case ? It is a very difficult question to answer. Simply in a given case allopathically considered, so many different things have taken

place in a patient that it is almost impossible to name the disease. The allopathic nosology even in many cases is unable to fix the disease. Homeopathy does not recognise the naming of a disease in a patient. Eminent Dr. Wesselhæft of Boston was asked by a friend, an allopathic doctor, what is the case ? Dr. Wesselhæft promptly replied it was a "*sepia*" case, and explained to him what he meant by saying that all the symptoms and conditions of the patient corresponded to the symptom pictures of our medicine *sepia*. So *sepia* high potency was given and the case got well.

Overcrowding in the medical profession is a general cry all over the world. In India we have very few really qualified doctors. In Calcutta and its immediate neighbourhood there are numbers of them practising with credit to themselves and usefulness to the public. In the Moffussil i. e. in the interior of the country not many are to be found; in fact seldom any qualified physician or surgeon is found in many villages. By this we mean the general medical men. But speaking of homeopathy it is far more discouraging. We mention some places where the want of a qualified homeopathic physician is keenly felt.

Dacca is a very flourishing place in East Bengal. There is an allopathic school and some hospitals. The number of dominant school practitioners is great. But regularly qualified homeopathic physicians and surgeons are not to be found. Dacca has become the capital of Eastern Bengal ; its population and activities are daily increasing. We wish some one of us here should try the chance.

Allahabad is the capital of North-Western India and there is not a single truly qualified homeopathic physician there. The field is promising. We want some one to settle there. We can find a homeopathic box and a domestic book

in the hands of every one in these places, but true physician cannot be found.

Book-Review.

The Clinio Repertory, by P. W. Shedd, M. D., New York. Including a Repertory of the Modalities by Dr. Ide of Stettin, Germany. Philadelphia, Boericke and Tafel.

In the preface or rather foreword Dr. Shedd speaks thus:—The Clinio Repertory is inscribed to 'Old school men' as giving insight into the delicate reactions of the human organism; as a means of deliverance from therapeutic nihilism; and as an introduction to a greater science of therapy in conditions amenable to cure by the use of drugs.

This is really a very useful work for busy practitioners and we recommend it to every practitioner of homeopathy. We have already alluded to the use of repertorial work in the right selection of homeopathic medicines for any given case. This book will help many who do not like to handle bigger books on this subject. The publisher's work is creditable.

Rademacher's Universal and Organ Remedies Abridged and translated by A. A. Ramseyer. Philadelphia, Boericke and Tafel.

We have some idea of Rademacher's system of treatment from reference in Dr. Burnett's several works. But the present book gives us a true idea of what the author means. In this work we have the explanation of this system together with various medicines used by Rademacher. Those who want to know it, can buy the book and look into it. It is a pleasant reading.

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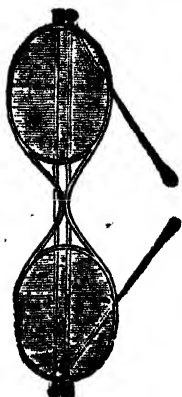
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[No. 9.

ON THE USE OF REPERTORIES.

If you are to study your cases properly and select a true similimum, there is no other road except through repertories. They bring you to the true and safe way of finding out a remedy for your case. These are the sheet anchors of the homeopathic healing art. Without the help of a repertory you may be compared to a mariner without his compass. The sea of our materia medica is so vast that you cannot steer clear of rocks without the help and guidance of repertory. You cannot make an astonishing prescription if you do not consult your repertories.

We are writing this in order to impress upon our colleagues in this country the necessity of referring to the repertorial works in finding out the correct remedy for a case in hand. We regret very much to say that most homeopathic physicians in this country seldom pay any attention to the study of repertories.

The repertory will tell you that one or more remedies may be indicated in your case. Examining these scrutinizingly you will come to the indicated medicine. It is next

to impossibility to commit to memory all the remedies in our materia medica. For this reason repertory is an absolute necessity. You cannot go on and treat your case successfully if you do not consult your repertories in the beginning.

In the beginning of our practice for instance in the latter part of the seventies we had a very few good repertorial works. We had Jahr's symptomen codex ; Bœnninghausen's repertory by T. F. Allen ; Bell on Diarrhœa and H. C. Allen on Intermittent fever. Minton's Uterine Therapeutics and some others. They were very helpful and we had to consult them frequently and with such success that in the long run we were gainers. Though at the outset our task seemed insurmountable, yet by perseverance and continued study we were able to master them to a great extent. Now we are glad to say that we have got more works on this line and they are far better than those already mentioned. We now have our Kent's repertory, Repertory of the Guiding Symptoms of Hering and some British repertories.

When in America we had the satisfaction of making our acquaintance with another very useful repertory by Jefferson Guernsey of Philadelphia. It is called Bœnninghausen's checking list. It consists of a box with slips of paper inside. Each slip of paper has a number to it indicating a certain symptom and the different remedies that may be indicated for that symptom. You take your case, and each slip of paper inside the box will mark the symptom. When all the symptoms of the case are thus taken up, you will have the full case in your repertory. You then count the number at the back of the remedy and the highest number will be the remedy in your case. If there is a doubt about two or three, medicines you consult your materia medica and find out the one you want.

This is very easy and if you practise it for a few days it will be easier still.

But this old Bonninghausen's repertory has one defect and that is it contains no new remedies. Recently our late Dr. H. C. Allen of Chicago brought out a new edition of this Boenninghausen's repertory, giving all the tried new remedies of our materia medica. So you can now have a complete repertory of the old veteran in Dr. Allen's work.

We now ask our colleagues especially those in our country to try this work and give full benefit of it to their patients. We are bold to say that after a few day's practice, physicians will no doubt find it easy to select the true similimum for their cases successfully.

P. C. M.

COUGH AND COLD.

This is often a distressing complaint. It must be remedied as soon as it happens. In this country we often neglect cough and cold when it is of an ordinary character. When it is serious everybody becomes alarmed and takes measures for its cure. But when it is trivial, no notice is taken of it. This neglect causes two kinds of discomforts :—In the one, by neglecting ordinary cold it becomes chronic and gradual loss of health results. In the other, serious complaints such as consumption, chronic bronchitis, asthma and numerous other respiratory difficulties arise. We here describe the treatment of the simple form of cough and cold.

Simple form of cold is called acute nasal catarrh or cold in the head. Ordinary practitioners have to combat such cases and if they can show their dexterity in curing such cases promptly and without much delay, the patients begin to have great confidence in them. Its symptoms are chilliness, headache, slight fever, running of watery fluid from the nose,

sneezing, aching in the limbs and general malaise. Nasal mucous membrane becomes swollen and nose is stuffed up. Eyes are watery and there is smarting in them and acrid discharge takes place. If the case gets protracted, sense of smell and taste is impaired, and gradually a distressing cough results. If eustachian tubes are affected, slight deafness takes place.

Aconite is the grand remedy in cases of acute catarrh. Almost all cases get well under its timely administration. Cold from exposure to dry cold air. Robust persons are greatly benefited by it. Chilliness, fever, strong, hard pulse, restlessness, headache, pain in the eyes and nose. Frequent repetition is necessary in lower potencies.

Camphor, next to aconite, is the prominent remedy for cold in the head. Coldness and feeling of uneasiness, water running from nose.

Allium Cepa is very much like aconite in this disease. Profuse and acrid discharge from the nose, burning in lips and nose, worse in the evening and indoors and better in open air. Our people take onions with fried rice in the beginning of cold in the head.

Arsenic is closely allied to allium cepa and follows it well. Acrid watery discharge, frequent and distressing sneezing, burning in the parts and feverishness.

Nux vom is the next remedy when the discharge assumes a thick and bland character; stoppage of nose, constipation, heaviness in the head and in the frontal region.

Merc sol—Profuse thick discharge, chilliness and thirst in the evening, profuse perspiration affording no relief, constant salivation.

If mercurius does not help, we can think of pulsat. which has thick and bland discharge, no thirst, worse indoors and better outdoors

Euphrasia is allied to cepa and arsenic with this distinction that the eyes smart and there is bland discharge from nose, and watery and burning discharge from the eyes.

Kali Iod may be thought of in this connection. In bland discharge it is useful after mercurius.

P. C. MAJUMDAR, M. D.

SOME PRESENT DAY MEDICAL PROBLEMS *

W. B. HINSDALE, M. D., ANN ARBOR, MICH.

I deem it a rare pleasure to meet with the society of the great State of Illinois. It is a compliment to be invited to speak before a medical body in the city of Chicago; a city that abounds in all that is talented and that has all knowledge of what has to do with medicine; the city that is, or very soon will be, the medical centre of the United States. It requires no small degree of boldness for one coming from a small village of Michigan to undertake what I have before me. I thank you for the flattering invitation and proceed, believing you will permit your ample charity to have free play.

I have selected my subject for this paper more as a matter of duty than from preference. My choice always is, when called upon for material at societies, to discuss some subjects appertaining to internal medicine, to disease and its treatment. I delight in being a physician, but, owing to circumstances that were not controlled and directed before too late, I am also, after a fashion, an institutional man. Being associated with one of our educational and hospital institutions I deem it a duty to consider matters directly

* Address before the Illinois Homeopathic Medical Association, Chicago, May 13, 1909.

connected with medicine as a problem of institutions and organizations, and have departed from my first choice of subjects for that reason.

I will first review, as briefly as I can, some of the fundamentals of our school, for purposes of justification, and, secondly, try to consider a few of the practical problems demanding solution.

Since the time when Oliver Wendell Holmes, sixty years ago, wrote a condemnation of Homœopathy, quite unbecoming of his wit, predicting immediate decadence, down to the *Illinois Medical Journal* for last month, we have had campaigners circulated among us and our students urging the abandonment of our system. I have recently re-read in the *North American Review*, for March, 1882, an article by that champion antagonist of Homœopathy, A. B. Palmer, of Michigan, that I might have clearly in mind all the reasons which prove you and myself to be paranoiacs whom the probate courts have overlooked.

It is not my intention to enter into disputation, although we feel sometimes a little resentful ; but the very fact that Holmes missed seeing the fulfilment of his prediction by a thousand per cent ; that passably good men have always employed and practised Homeoptahy ; that our colleges educate men in medical subjects so that they rank with any other medical students in branches taught and required by law ; that we believe that if all the doctors were put on trial in the courts to prove their sanity of mind that no more of us would be convicted of foolish and fickle practices than of the rest ; and that we have reasons, based upon experience, for believing we have selected effective medicines by our rule, we are not disposed, just yet, to surrender our positions, or institutions, or practices.

Our system of therapeutics is built upon a theory, the

same as the rest of the natural sciences. A theory, to be of scientific use at the time of its promulgation, must be in harmony with the facts then known and help to explain or arrange them. To be of continued utility it must also harmonize with facts subsequently discovered. Such a theory is sometimes called a working hypothesis. It is an assumption advanced to account for and to explain related phenomena without which they are unclassified and disjointed, and with which they unite harmoniously into manageable and understandable arrangement. All the natural sciences are built upon hypotheses—assumptions if you please—that seem the most reasonable explanations of certain groups of related facts. The nebular hypothesis is the foundation of physical astronomy, geology and all other sciences that pertain to the explanation of world-making. The assumption accounts for what we really do know, so easily, and meets new astronomical discoveries so well, that it is accepted as a basic principle of all science that has for its subject matter primal stuff. The basis of chemistry is a theory, and modern biology is built upon the theory of evolution.

The theory of similars, we believe, clears up and utilizes a world of vagueness appertaining to disease and drug effects, and enables us to apply the latter to the former, so that we have a useful working rule in the art of healing. Just how drugs touch or influence the deranged vital cells we may not be able to explain any more than the physiologist explains exactly the phenomena of life itself. But we have found a safe rule for making our selections of remedies which, once put into the animal economy, effect anticipated corrections and work cures as promptly, many times, as food appeases hunger and restores emaciated tissues.

I will consider briefly some of the fundamentals of the homeopathic theory. There is in living organisms a vital

manifestation that is deflected by disease from its equilibrium. We seek to bring the organism back from this deflection to equilibrium again by selecting a remedy according to the rule that, as each drug possesses a counterpart of some variety of some disease, the drug should act curatively towards the disease by virtue of its relation of similarity. The least amount of medicine that will effect this result is the only justifiable amount to give for fear of reaction or swinging, so to speak, our body with disturbed equilibrium the other way.

A few words about vital force, upon which Hahnemann supposed his remedies to act. Physiologists have given up, very largely, for a simpler explanation, the theory of vital force as originally held. The prevailing physico-chemical theory assumes that there is in all nature but one force. Vitality is but a manifestation of that force in what we call metabolism. Whether the theory of vitalism holds in its original conception or not would make little difference, for neo-vitalism accepts a specific manifestation that may very well be called by that name, and its readings, upon the dial-plate of the physical body, indicates the degree of health, plus or minus, of that body.

Dr. J. S. Haldane, of Oxford, president of the section of physiology, at the last meeting of the British Association (see *Nature*, Oct. 1, '08, p 553), gives expression to views of great comfort to the "vitalists." He states that the majority of physiologists, in recent times, express more or less clearly that physics and chemistry explain all the methods and modes of living organisms, so that the only explanation aimed at are physical and chemical explanations. From this he dissents, and states that the minority of dissenters from the view is growing and proceeds to give his arguments. I have cited the statements of this learned scientist, this specialist in physiology, to indicate how unsettled, after all, the scientific

world is, even in regard to the fundamentals of their doctrine ; also to show how these homeopathsists who still hold to the Hahnemannian conception are not without comforters.

I do not wish to consider therapeutics philosophically ; I do not intend to defend the doctrine of similars as an abstract proposition. I am not adequate to the task of settling any particular size of dose. I became a homeopathist because of the disgust that grew up in my mind, before I was a medical student, of the methods of treatment I saw applied in my own father's family. Quite a negative reason one may say, but we are repelled from negatives to positives sometimes. I entered a homeopathic college for the very reason that I believed if there were any foundation for a rational medicine it must be among those who laid down a principle in accordance with which they prescribed. Where there is so much haphazard of method, or no method at all, there can be, as I reasoned, no possibility of a scientific substratum upon which to build. The homeopathic theory seemed to be some thing that might lead to practical results, if applied. I now claim to have had some experience, and adhere to my practice because I am reasonably satisfied with what I have done. The only reason one should have for adhering to practices is results—concrete, tangible results.

We, as a body of physicians who have come in contact with diseases, who have applied, according to our system, our indicated remedies, are constantly reassured by seeing sickness arrested or by seeing patients piloted safely through a series of disease events, as in typhoid fever, a pneumonia, in diphtheria, in gastric insufficiencies, or whatever non-malignancy it may be, to health, so often that we have the belief that our treatment has been effective. There is no theory,—I care not how plausible it may be from the physiological standpoint, how effective the chemistry may seem in

the test-tube or in the guinea pig, how close analogies may run side by side—that is safe that does not vindicate itself in the try-out. The final test, the criterion by which all must be measured, is the clinical result. Medicine in the laboratory, in the lecture room, in the text book, may call itself science, but its application is an art. The scientific reasoning must precede the application, but if not vindicated it is not science after all. When we are convinced that our methods are efficient we are satisfied.

Dr. Osler, whom no one has accused of having any special liking for homœopathists, says : “Nobody has ever claimed that the mortality among homœopathic practitioners was greater than those of the regular school.” (See *The Sun*, N. Y., January 27, 1901.) Which is the same as saying we are just as successful as anybody. If we are successful, as he admits, and more successful as we believe, why should we not indulge a little satisfaction and justify ourselves? In fact, in the face of the admission, who may throw any contumelious stone at us?

We have a great system of therapeutics, no matter just now how we built it up, that we rely upon. Who of us would sacrifice his Belladonna, his Gelsemium, his Ferrum phosphoricum, his Phosphorus, his Bryonia, his Pulsatilla, his Rhus toxicodendron, or where else could he find directions for using them except in the materia medica that is exclusively ours? Exclusively ours not because of our selfishness but because others do not avail themselves of it.

I fully appreciate that allopathy of the past is not the “modern medicine” as promulgated; although there is a suspicion that some of the old-time elixirs, cordials, tonics and all-round “regulators” are still dispensed, else what can all the manufacturing pharmacists be manufacturing?

Our method necessitates the testing of a drug or proving it

before accepting it as one we may select homeopathically. In this the "modern medicine" has come very close to us, for it is also building upon provings. Doctor Joseph Miller, of this city, (J. A. M. A, Nov. 21, '08), states that the scientific basis of therapy rests chiefly on experiments on normal animals. So say we, too, but the normal animal to be used is the human. The doctor goes on to lament that it is, after all, difficult to translate the phenomena produced in lower animals into human significance. Here we have the unlimited advantage, and it is lamentable that this is not apparent to all therapeutic experimenters. We might, with advantage, use the lower animals also as controls to supplement our findings. This would be interesting even if not reliable anywhere else except in veterinary practice.

There probably has been more disagreement about the size of the dose than about any other subject pertaining to therapeutics of all schools. From ridiculous attenuations to deadly potions the changes have been rung. Bickerings among ourselves upon this subject, no matter who is right, have given us precarious standings where otherwise we would be secure. The high dilutionists certainly receive support from the newer theories of the chemists and physicist.

When, according to Carl Snyder, (*New Conceptions in Science*), a film of oil can be reduced to 1-100,000,000 of an inch in thickness, and when a gram of salt dissolved in 1,500 tons of water can be made to carry an electric charge, there is no use in quibbling about attenuations. There is no limit to the degree of divisibility so long as it can be mathematically demonstrated that some of the drug is present. No one, at this time, denies that these minute dis-associated particles of matter produce results in the inanimate world. Will they in the animate ?

We have always maintained that organic matter is more

sensitive to impressions than the inorganic ; if so, the contentions of the dilutionists are strengthened. The size of the dose, minute or gross, does not militate against its homœopathicity. The only rational definition of the term "dose" must consider the total amount capable of alleviating the condition for which it is given, no matter how long the consumer is in taking it. The part of the necessary dose to be taken at one time or how often to take it, so far, has been a matter of experiment, I am sorry to say. How soon we shall be able to be exact as to this quantity, or as to the total dose cannot at this time be foretold, but the tendency is toward a reasonably accurate solution on scientific lines. When we are able to measure, instrumentally, an individual's real vital charge at a particular moment, when we know, as we possibly may, the amount of drug it takes to affect the vital scale at a given reading, the question of drug dynamics will be only a matter of arithmetical calculation. These are not impractical problems, they appeal to the scientifically trained experimenter. They are just such problems as the scientific departments in our colleges "should be working upon, for, as I hope to point out later, there are many lines of work we should be carrying on if we do not wish to be swamped in the wakes of larger and swifter craft.

A very competent chemist, one who has received his training in the severe German universities, a man of close scientific application and discernment, said to me, the other day, that homœopathsists with their attenuations are no longer ridiculous in the eyes of trained scientists. He stated, further, that the drift in therapeutics must necessarily be towards our theory of similars. He queried, however, if we have the capacity and training to appropriate the power that is flowing to our mill.

If it had not been for the quarrel that the apothecaries

had with Hahnemann, in 1820, it is quite probable that there never would have been the wide chasm between the two schools of medicine that has existed. It is probable that there would not have been a new school in the sense in which we employ the term. The principles enunciated by Hahnemann would have been employed by such as deemed it best to use them and they would have grown, gradually, into the general system of medicine. Or, perhaps I should say, they would have constituted one of the systems of treatment admitted to be ethical by those who finally condemned it as being dogmatic and a bauble in the hands of unsafe men. Such are some of the mild descriptions we have heard to which we need not give heed, because the large majority of honest men concede that we also are honest and conscientious.

Non-homœopathic medicine is by no means a uniform system ; it can hardly be called a conglomeration of systems. One believes and specializes in electricity, another places his confidence in the adjustment of foods, others have seen in hydro-therapy and different forms of baths the hope of washing away the physical sins of the world. Enthusiasts of another bent avow that serum therapy will supplant other methods of treatment. Wright promulgates the great opsonic method which comes so very near being homeopathic that we are going to claim it. Hiss treats infectious diseases with extracts of leucocytes. Vaccination in various forms presents enough encouragement so that some hope to work it into a system of treatment. This has gone so far as to be recommended in the army for typhoid fever. And so it goes.

No one decries the attempts of experimenters to work out what they may have in mind. They are engaged in justifiable and necessary work. But to be ignored when we maintain we also have a well-tried and safe method, one that

seems to compass all forms of disease and capable of universal application, coerces us into segregation. Universality of application is the strongest feature of the homœopathic theory. It is in marked contrast with the restricted notions of special treatments of infections, particular kinds of infections and of particular groups of pathological changes.

The gross and drastic practices of the doctors of the very old school were notorious, and are still recalled with shudders. No one, with calm judgment, will deny but that the two transforming agencies of that crude practice were the refinements of Homeopathy and the cellular pathology of Virchow. The one acted reflexively; the other crept in slowly as a necessary corollary of the new conception of disease and was reactionary.

Men who believe that the vital processes are confined to the cells of the body, that functions are of the cell, not of the mass, must have their views of correcting perverted cell action also changed.

The prejudice against Hahnemann lapsed into a kind of contempt for everything that has been associated with any part of his work. We have never been able, for this reason, to get the mass of physicians to consider the homeopathic principle, disassociated from what has been attached to it that we admit is indefensible, with sufficient seriousness and for time long enough to grasp its possibilities. If Hahnemann, or some other men, were to put forward the theory of similars new to-day, divested of this historic anathema, there would not be a ripple upon the surface of the medical ocean. It would take rank with the theories of Koch, Hiss, Ehrlich and Von Behring, the latter of whom has had the courage to acknowledge that his antitoxins in action bear a close resemblance to, if they be not identical with, homeopathic theory.

To summarize. My contention resolves itself into the following theses . First. We have a medical principle involved that is deserving, by virtue of its intrinsic usefulness, to become generally accepted in some form of statement or other, and to be followed in the medical arts under some guise or other. Second. We have built colleges, hospitals, dispensaries, organized special courses of instruction, societies and other educational enterprises for promulgating and applying this therapeutic principle in connection with other sciences which, unitedly, make up a distinct system of medicine. Third. To be faithful to our clientele, our fellow-practitioners and our system generally, we must maintain the integrity and identity of these institutions until Homeopathy, if not in name at least in theory and practice, is no longer likely to lapse into obsolescence. It is necessary to carry Homeopathy along with the other medical arts, for its usefulness extends to the surgeons, the obstetricians and to all the other arts and crafts of relieving human stress and suffering.

I wish now to come to the second part of my paper and discuss institutional, especially college, problems. As this is so practical a subject, I hope my remarks will not be altogether impractical. In the first place our colleges must be maintained. Three things are necessary to this end : First, faculties : second, equipment : third, students. Faculties are not difficult to organize, although I have the suspicion that they are more difficult to keep in effective, harmonious, hard-working condition. I am reminded of an anecdote that an old professor told me about himself. When he first came to the university, a very young man, as tutor, he called upon one of the older and wiser members of his faculty. The old man asked him what he was going to teach ; he replied that he had classes in Latin, Greek, mathematics and botany. The

old man said : "Young man, when you know more, you will teach less." This, to my mind, so well disposes of the "all around professor" that further remarks are not necessary.

The medical teacher, in these days, like the teacher of any other subject, must have his individual branch, and of this he must be the master. With this subject, and also with his personality, he must impress his students. Perhaps the man is not half the subject, but the subject is not all the lesson, or, at least, it ought not to be ; that is certain. We have what we call the purely scientific courses and practical courses. The practical, or clinical course can be best taught by one who is busily engaged in medical or surgical practice. The actual experiences of every day practice keep him alert and refreshed. The courses in chemistry, bacteriology pathology, anatomy, &c., are better taught by teachers who do not have to support themselves entirely by practising medicine. This point requires no elucidation.

There is a large field not included in these absolutely essential divisions of a working faculty. I refer to the opportunity that we must always afford for the extension of knowledge. We need not try to evade the point, for it is too apparent that in this regard colleges of the dominant school hold the decided advantage. This is the age of research. Medicine, or no other science, will stand still. Verifications of old and the discovery of new things must be a part of a college's work. The very fact that a school is working to add something to knowledge, as well as to teach what is already known, gives it dignified standing.

To consider our own case alone. Homœopathy is not a complete system ; not by any means. The distinguishing characteristic of our work is what we commonly call drug proving. We must carry it on. With all respect to those who have compiled it, our materia medica is in many respects

inaccurate. Let us correct it. There are effective drug agents that we have not tested ; let us test them. The consideration of the betterment of the *materia medica* alone could easily occupy a whole session of a society meeting like this. I do not wish to be understood as being super-critical or as advocating extreme undertakings, or as challenging our wonderful tabulation of medicinal agents. But no one, with the best interests of our system, could accept it, part and parcel, as if it sprang from the divine hand.

A place in an institution where investigations are carried on is called a laboratory. We need laboratories of two kinds, those for teaching, those for investigation. Aside from the drug proving feature there are many other kinds of laboratory work for the right investigators, supported by the right interests and situated in the right places. I have, for instance, already intimated that the physiological laboratory may possibly solve the dosage of medicines ; and I did not mean simply toxicology, but the delicate measurements of forces as they influence living and diseased bodies. This I do not put forward as something that must be done, but one of many studies that might be carried on, some of which must be carried on if we are to command the attention of trained students, whether they be beginners in medicine or advanced scholars. The day of the college, be it literary, scientific or professional, that simply teaches is passing. The college of the present, at least that of the future, must both teach and investigate.

The college with which I am identified, established, three or four years ago, a small laboratory in which a little research work has been undertaken, and the reports that have been issued from this nucleus have excited more attention than all of our hard routine labors put together. I instance this to indicate the present sense of those interested in medical

education. I know that many of our other schools are working with the same end in view and believe they are having the same experience. It is not necessary that a large expense be incurred maintaining a small research laboratory, although some equipment and a director imbued with the spirit of his subject are necessary.

As my German friend intimated, there are a plenty of special lines that lie very close to our general subject that can be pursued. The publication of results from our clinics, statements from our lecture rooms, and findings from our laboratories, give character to our schools.

I come now to the question of students. I know of no better presentation of this problem than that made by Dean Chislett at the alumni reception to the new dean of the New York College last fall. That paper should be published in large numbers and circulated as a campaigner to every doctor. It is a fact that there are less students studying medicine by 4,275 than there were five years ago. There was a decrease in 1908 of 933 from the number, of the preceding year. For this decrease there are two causes. First, the old school say they have too many doctors and they tell the youth about it. Second, the raise in the standard of admission has filtered out a large number. The cry that there are too many physicians in the country has intimidated a very large number, and it seems difficult to convince people that it does not apply to us. So long as the requirement for admission to college is held at the grade of a first class high school diploma we should contend for it and enforce it rigorously.

It is well known by those who are interested in medical education that many of the non-homeopathic colleges have raised, or are about to raise the entrance requirements for admission to two years' study in a literary or scientific school,

giving courses of equal rank with the best universities. As students' accounts are kept the requirement is sixty hours' credits or counts. This rule has been adopted by a number of colleges, but has not been adopted by any homeopathic college. The requirements cannot be raised without due and ample notice. The question is sometimes asked why we do not follow the example of those schools who require this standard. This question is deserving of a frank answer, and I will discuss it plainly. The homeopathic colleges would like to keep abreast with all others. Among the reasons for not advancing the entrance standard is a plain one which must be given by all schools. We cannot, or, at least we think we cannot, afford it. The number of students studying Homeopathy never was so large as of those studying in other medical lines. To raise the standard cuts down very materially the student attendance.

The demand for homeopathic graduates is so great that it is unfair to the public to deprive them of their needs which would be interfered with very seriously were we to do as we like as a theoretical proposition. The view entertained by the speaker is, granting we ought to advance the requirements so as to make them the same as those of the few old school colleges who have raised them, that it must be done as a concerted movement by all our colleges. Otherwise, those who would adhere to the lower grade would get an undue proportion of student material. It sounds very well to say that it is quality not quantity with which the profession must be recruited. As an abstract proposition, that is true. But the same rule if applied to all schools, of all professions, dentistry, schools of pharmacy, normal schools, the majority of allopathic schools, and the purely scientific and literary schools, as well, would create so sudden a disarrangement that a general commotion in educational circles would result.

They all must, or think they must, supply the needs of society with their productions, to use a commercial term, and cannot revolutionize social systems too rapidly. Were we of the homeopathic profession more active in starting young men who contemplate medicine as a profession in what we believe to be the best way, were all our colleges to undertake a few years' campaigning in explaining the benefits of a higher standard, were we to agree upon a date, not less than four years in advance of the time when we so legislate, we might endure the transition very comfortably.

It is not true that there are too many doctors practising Homeopathy. On the contrary we need more very badly. These statements are susceptible of proof. One of our great and serious problems is to improve the kind and supply the number that the public needs require. Our hospitals need internes, our faculties require fresh blood, our rural districts need replenishing, new territory is open for occupancy, our older men are withdrawing from practice, our cities have fine openings for specialists who have homeopathic training. While, from necessity, we must be conservative in regard to further advancement, we should encourage literary and scientific graduates to register and study with us. We should also advise such as can afford it to take advanced studies before entering our colleges.

I desire to make, with your permission, what seems to me a very practical suggestion in regard to encouraging students who intend to carry on literary and scientific studies in connection with medicine, those who constitute the preferred class of students. To such we wish to give every encouragement. In this feature the universities with professional departments have been accused of having the preference, which probably has been true, but they need not necessarily continue to hold this advantage. We all know the literary colleges

that give only the bachelor degree to graduates are also at a great disadvantage, because students desiring to take one of their degrees and to study for a profession are very liable to go to a university where they may earn two degrees in six or seven years. Let such students enter the small college of their choice. Let them study there two years, then permit them to go to an approved medical school, taking therein such scientific studies as will count for both degrees. When four years have elapsed, after their registration in a literary college, let them return with the complement of required credits they have earned at medical school and receive their regular bachelor degrees. They then may continue in medical college two years longer and receive the M. D. degree. This will, of course, deprive the literary college of two years' fees from the student but many of them will be willing to do this rather than to run the risk of losing him entirely.

I have given much thought to this question ; I have been in correspondence with officers of one or two literary colleges upon the point. They seem willing to enter into a working agreement with good medical schools upon this or a similar basis. If our schools will take this matter up with the literary colleges, I am confident, arrangements can be made that will be satisfactory to both parties. It will then give the medical schools, not affiliated, an equal chance with, if not a better chance, than the university departments have. The agreement need not be a compact of affiliation, nor with a single college, but may be made with a number of good colleges. I have great confidence in this plan and believe in its large possibilities. We should at once proceed to make the arrangements which need involve but a comparatively short time in consummation. It will be to the advantage of the literary school as much as to us, if not more, to do this, if plans and courses are properly arranged and safe-guarded.

I suppose that a very large majority of those present are graduates from the Chicago colleges. To such I wish to say, particularly, your duty to your college is to assist in her maintenance unless you have more than a poor excuse for assisting some one else. Personally, I have always encouraged every one of our doctors to become posted upon our institutions and the individual work of each, so far as information is available. Particularly, have I insisted upon loyalty to one's own college or to the college with which he can most conveniently affiliate; for affiliation with college should not close with graduation. The colleges belong to the profession and not to trustees or faculties, as some would appear to suppose. Nothing is more inspiring to a faculty or a class of students than to see and to come in personal contact with what are called, in college lingo, the old "grads," not the lethargic but the enthusiastic kind.

You old graduates out on the firing-line, you know, or ought to know, frequently, of some prospective student. You should send his name to the proper officer of your preferred college. You should see particularly that all medical students from your own families study what you practise. If our colleges could receive, as they should, the medical students from the families who employ Homeopathy, the problem of filling the classes would be largely solved. This is a subject to which I have given particular attention and am not talking at random. It would be recruiting our own numbers from our own ranks. A large number of this class of students go by default.

This year the general profession have been trying a kind of experiment in the way of propagandism, Through a well organized committee of the American Institute we have been making a canvass of the student-field in the interest of our colleges as a whole. I have had some opportunity of

observing what the Council is doing. I know much hard campaigning has been done which must bring results. Of course, this being the first year of the enterprise, we shall not be able to determine what the full fruits will be for some time. I wish to endorse heartily the Council, and am of the opinion that we have now a system that will be of great benefit.

I am further of the opinion, when matters become adjusted and when prospective students generally understand what is to be required of them as preparation for medical college, that our numbers will cease to decrease and will begin to increase. This is a transition stage and steadiness of purpose is particularly necessary.

I have extended my paper to a tedious length, for which I ask forgiveness, and close by insisting that we continue in the future, as we have held in times past, a firm and determined purpose, and that we be alert to take advantage of every honorable means that will contribute to the better establishment of ourselves individually and collectively, and more than all else, promote and promulgate the most effective system of medicine that has ever been known among men.

—*The University Homeopathic Observer.*

NATURE, HOMEOPATHY AND HUMANITY.

BY NAGENDRA MOHAN CHOUDHURI.

The only sound basis for determining the truth of a system is the comparison of its fundamental principles with the laws of nature. Homeopathy at the bed-side of suffering humanity applies a knowledge of the mighty laws of the universe and restores the equilibrium of the disturbed cells by a due adjustment of the all-pervading vitality.

The force and the laws that work in the macrocosm, work

equally well in the microcosm. Like the harmony that underlies the apparent diversities of the outer world is the grand harmony which springs out of the constant exuberance of the world of cell activities.

Superior, far, to this harmony stands another force of a nobler kind, a force which we call autocracy—Dynamis—which regulates the cell harmony, "without which the material organism is incapable, functionless and without the power of self-preservation." This force is impalpable, insentient and beyond the bonds of chemistry and pathology.

The worshippers of tradition, antiquity and authority denounce as fanciful and delusive the idea of the vital force which they feel every moment of their lives and which but for their faulty perception they would have seen governing the facts of their every day existence. The apple falls to the ground, the moon and the other mighty planets in the infinite region of space turn their mysterious rounds. Are not these the different manifestations of a super-human force in itself inexplicable and impalpable ?

Because we cannot explain the motion of the planets chemically, should we brand it as false ? Incapacity of comprehension cannot ever be a safe ground for the denial of a great truth. John S. Mill expresses the idea in these lines :

"Gravitation without an interlying medium may be incomprehensible in itself, but even if one assumes it to be incomprehensible, yet there may be a limitation of our minds without being a limitation of Nature."

Force is acted on only by force : hence this spirit-like force, we call vital power, can only be deranged by the dynamic property of the morbid agent and this derangement can therefore be removed by the "spirit-like (dynamic vital) alternative power of serviceable medicines." We do this by our attenuations and potencies.

The doctrine of potency is the noblest inheritance great Hahnemann has left to humanity. Herein is found that deep insight into nature which will illumine not only Homeopathy but also other walks of science and philosophy. Because Chemistry cannot grasp, and the science of the present time cannot reach, should we disown the great truth verified every day at the bed-side of the sick? When Chemistry lay down tired and exhausted, physicians took up the task and made the discovery of spectrum analysis and thus what was not known but was true all the while, came to be known. Yet what is this discovery in comparison to the grand discovery of the doctrine of high potency?

The fundamental laws are not dependent upon Chemistry and Physics, but rather Chemistry and Physics depend upon them and hence though many of the facts of Homeopathy are as yet beyond the reach of these sciences they are true in as much as they are based on the everlasting principles of the universe.

—*The Hering Quarterly.*

PILES.

There are numbers of very important medicines useful in the cases of piles. In this disease strict individualization is necessary for its successful cure. We shall mention some of these remedies.

Æsculus H.

Subjective symptoms—Aching, painful burning and heat after stools. Feeling as though little sticks or splinters were pricking the folds of the mucous membrane. Weak feeling in the back of the pelvis.

Objective—Bleeding, not very profuse.

Blind piles, bunches, purple or blue color.

Prolapsus of rectum after stool.

Aggravation—After stool whether hard or soft, especially the latter, burning, cutting or prolapsus. After walking.

Amelioration—By kneeling down.

Dull pain in the back, in lumbo-sacral region. Dryness of mucous membrane throughout, abdominal plethora.

Dull pain in the region of the liver. Granular inflammation of tonsils and throat generally.

Aloe.

Subjective symptoms—Burning, throbbing and heat in the anus—better by applying cold water, worse after stools. Itching in the anus.

Sense of paralysis of anus as if the stools would escape involuntary.

Tenesmus after stools.

Objective—Catarrh of the rectum, bleeding. Protruding external piles, worse after stools. Strangulated.

Aggravation—In the morning; at night. After eating. Emission of flatus. At night. After stool.

Amelioration—Washing in cold water. By copious bleeding. Uterine congestion and plethora. Liver engorged.

Dysentery. Head-ache. Asthmatic troubles with piles. Incontinence of urine.

Calcareo Carbonica.

It is a very useful remedy in cases of piles, especially in cases of scrofulous and psoric origin. When symptoms correspond, its action is prompt and permanent.

Subjective symptoms—Aching and burning in rectum more after stools, even soft stool.

Itching and crawling in anus as from worms. Much tenesmus. Cutting and darting in anus.

Objective symptoms—External piles protrudes during and after stools, very painful. Copious and frequent bleeding, worse during stool. Chronic cases with acidity and heart-burn. Piles large, rectum and anus swollen and protruding.

It is useful in suppressed bleeding piles.

Aggravation.—Afternoon and evening. During stool.

Amelioration—By sitting.

Prolapsus of rectum with diarrhœa. Palpitation of heart with acidity. Vertigo and profuse menstruation. General symptoms are better when constipated. Subject to cold and catarrh ; tendency to consumption.

Calc. Phosphorica.

It is also a very important remedy. We make use of it when Calc. is indicated but fails to cure.

Subjective symptoms—Aching and cutting pain ; soreness and throbbing.

Objective—Bleeding. Fistula in ano. Discharge of white or yellow mucus. External piles protruding.

Aggravation—In the evening, during and after stool.

In young and emaciated persons bones are not fully developed or slow in developing.

Weak chest, constant cold and catarrh. Headache and loss of appetite ; white or greenish diarrhœa.

P. C. MAJUMDAR, M. D.

THE WEALTH OF HOMEOPATHY AND THE POVERTY OF ALLOPATHY CONTRASTED.

E. A. TAYLOR, M. D.

To one who contemplates the study of medicine as a life work, there are two questions of vital importance to be settled : 1st, what school of medicine to adopt ; 2nd, what college to attend. The

question of what school should be easily decided, when it is known that only one has a law of cure—an unerring guide to the selection of a curative remedy and that that one is the homeopathic school. None of the other schools claims to have a definite and fixed law to govern the selection of the desired remedy.

The allopathic or old school, sometimes called the regular school, is really very irregular and uncertain in its methods and results. And this could not be otherwise since this school denies the existence of a *law of cure* and makes the *ipse dixit* of individual opinion the *ultima thule* of recognized guidance which means, of course, medical anarchy—the reign of individual desire rather than the rule of law.

As a result the old school makes medical agnostics and therapeutic nihilists, doubters of the efficacy of their own efforts, disbelievers in the potency of their own prescriptions. Dr. W. Osler, Regents Professor of Medicine, Oxford University, England, who is the recognized leader and authority in the allopathic or so-called “regular” school of medicine, says in his “Practice of Medicine,” page 730 “Apart from the action of quinine in malarial fever, of mercury and iodide of potassium in syphilis and of iron in chlorosis, there is no other drug the beneficial effects of which we can trace with the accuracy of a scientific experiment.” Think of it ! Only four drugs that can be used with any degree of accuracy. And this is the alluring consummation offered to those who would become proficient in the practice of allopathic or so-called “regular medicine. With four drugs they are to combat the countless ills of suffering humanity !

With four drugs they are to confute the contention of morbid influence and establish a science of therapeutics ! And this they call “scientific medicine.” What a science ! Dr. Robert B. Preble, professor of medicine, Northwestern University, in his work on “Pneumonia,” page 194, says : “Pneumonia is the despair of the medical profession, constantly increasing in frequency, and the mortality to day is where it was 200 years ago.”

Many other prominent authorities could be given showing the

same result, viz., that medicine from the allopathic standpoint is a miserable failure, and how could it be otherwise when their highest authority says they have only four drugs that can be used "with the accuracy of a scientific experiment."

As a result of this medical agnosticism and therapeutic nihilism, the allopathic or so-called regular school has nearly deserted drugs and "stampeded to surgery," as one of their authors puts it. Yet not more than one per cent of sick people need surgery. What are the ninety-nine per cent to look to for relief?

In marked contrast to this school with its meagre methods, and wail of "despair," is the homeopathic school with more than four hundred *proved* drugs and a law of cure which enables one to select with accuracy and precision the particular remedy needed in any given case.

The results of this method have been eminently satisfactory to all who have tried it, and vastly superior to any and all other methods of treatment; but like all superior methods, its acquirement entails arduous effort and as a result many who call themselves homeopaths know very little of this great system of medicine which constitutes the true and only "science of therapeutics." Too many teachers in homeopathic colleges are deficient in knowledge of the essentials of Homeopathy, and attempt to compensate for this deficiency by substituting something else—always inferior—and this attempt to blend truth and error leads to unsatisfactory and disastrous results. Homeopathy is true or it is false. If it is true, the closer we adhere to it, in teaching and practice, the better will be our results. If it is false, we want none of it. There is no chance to mix or mutilate. Yet how many homeopathic colleges are teaching pure Homeopathy in every therapeutic chair? Most, or perhaps all of them are teaching it (in a way) in the chair of materia medica, but the "works on the "Practice of Medicine" by men who occupy chairs of practice in our colleges prove beyond cavil that there is a disparity of design in the different chairs which leads to loss of confidence on the part of the student and results in mediocrity of attainment.

Is not one part of the body as amenable to proper prescribing as another? If the homeopathic law of cure is true, then will it not cure the eye or ear as well as the liver, the diseases of the skin or the sexual organs, as well as those of the stomach or lungs? Undoubtedly yes, yet where is the homeopathic college that teaches homeopathic therapeutics from every chair, as the all sufficient method of procedure in medical cases. We believe that Hering College is the only one that claims to teach the superiority and all sufficiency of homeopathy from every therapeutic chair. In that college the student is taught the correct method of prescribing from every chair, and sees the same exemplified and demonstrated in every clinic and in every case. He hears the same homeopathic teaching and sees the same homeopathic practice in diseases of the eye or ear, in skin and venereal diseases and in all departments.

There is everywhere unanimity of precept and practice and as a result the graduate goes forth imbued with the integrity of a vital truth, to marshal his energies under the mighty majesty of a fixed and unerring law—the homeopathic law of similarity, “the science of therapeutics.” Surgery is the same in all schools of medicine. Anatomy, physiology, bacteriology, chemistry and all the collateral branches of study are the same, it is only in the matter of therapeutics—the medicinal treatment of the sick—that the difference arises. And what a difference! The old school with its “four remedies,” and its “despair”, deserting medicine for surgery, and the homeopathic school with its *hundreds* of reliable and verified remedies, bringing blessings to the bedside of suffering humanity under the guidance and government of God-given law. Surely Homeopathy is the thing to study, and the place to study it is where it is taught in its integrity, and that is Hering College.

—*The Hering Quarterly.*

Clinical Cases.

I

A case of small pox in a very young child in Bagbazar. The child seemed to be very weak and unable to develop the eruptions properly. The temperature was 105. There were two deaths in this family from this disease previous to this.

Variolin 200, one dose.

3-5-09. Saw the child again this morning. She was better, the fever was less, the eruptions were coming out. Placebo.

4-5-09 In the same state. Placebo.

5-5-09. She did not seem to be progressing.

Variolin 200, one dose.

6-10-09. The pustules were beginning to suppurate. Silicea 30, twice today.

7-5-09. The child was progressing favorably. I began to entertain hopes of recovery.

8-10-09. The voice was rather husky and there was rattling breathing, otherwise the child was all right. Ant. Tart 30, one dose.

9-5-09. The child was much better to-day. Placebo.

10-5-09. The child had high fever this morning. Constipated. Temperature 103. Nux V. 30.

12-5-09. Much better. Placebo.

14-5-09. The child had diarrhœa. Puls. 30.

The diarrhœa was much better. Placebo.

18-5-09. The child had a little fever again. Nux V. 30.

20-5-09. The child was completely cured. But her elder sister had taken the disease and it looked to be of the confluent variety.

II

A case of plague in a young child in Manicktolla near the

Mahomedan Burial grounds, The child had been suffering from high fever for the last two days. The axillary glands were indurated and enormously swollen. He was slightly delirious and twitched in the sleep. Unable to take the mother's nourishment. Pyrogen 6x every three hours.

2-6-09. The child seemed to be in the same state. The fever was little less but the axilla looked more angry and inflamed. Pyrogen 30.

3-6-09. The patient's fever was much less but the swelling was the same. Placebo.

5-6-09. The patient looked better in every way. Only the axillary swelling did not subside. I thought it was going to suppurate. It was very sensitive and angry-looking. Hepar Sulph. 30.

6-6-09. He was getting better. Hepar Sulph. 30 continued.

10-6-09. Saw him again to-day. The abscess had suppurated. There was marked fluctuation. As yet there were no signs of its coming to a head. I advised linseed poultice. Hepar S. 30 continued.

12-6-09. Saw the child again and had the abscess opened and continued Hepar S. 30 twice daily.

He made a complete recovery.

J. N. MAJUMDAR, M. D.

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মূল্য ১, ডাঃ মাঃ /০। এই ৩য় ভাগ (১ম সংস্করণ), মূল্য ১, ডাঃ মাঃ /০। এই ৪র্থ ভাগ (যন্ত্রহ)।
জীৱচিকিৎসা—১ম ভাগ, মূল্য ১০, ডাঃ মাঃ /০; এই ২য় ভাগ (যন্ত্রহ)। সরল চিকিৎসা (২য়
সংস্করণ), মূল্য ৮০, ডাঃ মাঃ /০। শিশু-চিকিৎসা (২য় সংস্করণ—যন্ত্রহ)। ওলাউঠা চিকিৎসা
(৪র্থ সংস্করণ); মূল্য ৮০, ডাঃ মাঃ ১০। বৃহৎ গৃহচিকিৎসা (যন্ত্রহ)।

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THE INDIAN HOMEOPATHIC REVIEW.

A Monthly Journal of Homeopathy and
Collateral Sciences.

XVIII.]

NOVEMBER 15, 1909.

[No. 11.

HOMEOPATHY IN INDIA.

The presidential address that was delivered last year before the Calcutta Homeopathic Society and which we published in the last issue of our journal, was remarkable on various accounts. Dr. Roy very truly observed that the practice of some of the pioneers of our cause is really worthy of emulation. Their devotion to duty, their exemplary self-sacrifice was really astonishing. Hence their ability to cure even the most intractable maladies was simply marvellous. The late Drs. Behari Lal Bhaduri and Mohendra Lal Sircar, as pioneers of our cause, worked head and heart for the spread of homeopathy in this country. Through their indefatigable labour we have to-day a very large number of people who have recourse to homeopathy systematically in all sorts of diseases. We have read how Dr. Bhaduri and Dr. Sircar would sit by the patient, hour after hour, regardless of fees, only to establish the superiority of our system of treatment.

To-day we have a large number of practitioners, both lay and qualified, who do a very lucrative business. In Calcutta

homeopathy has become a recognised system of treatment with the people, and naturally our practitioners make a profitable business. But the question is, as custodians of this valuable heritage handed down to us, by our predecessors—are we doing our duty conscientiously. I am afraid we have almost to blush to answer this question. It is true that we have made mushroom endeavours to start charitable dispensaries here and there, and all of them without a single exception have had a most precarious existence. We have started schools and they have fared no better. Only lately a galaxy of young men have united together to improve matters in this direction and I am told that their efforts have been partially successful. Our societies have also been pretty much in the same predicament. The Hahnemann Society of Calcutta which was founded by our late illustrious colleague Dr. Mohendra Lal Sircar and which used to have its sitting every year on the 10th of April to celebrate the birthday of our immortal Hahnemann, has become *non est* for the last two years. We hope the secretary will try to reunite the members next year. We are glad to find that the Calcutta Homeopathic Society is doing a great deal of good work in its own way. Meetings are held regularly every month and many interesting papers are read and the discussions that generally follow are very interesting and all the members take a lively interest in it. It is indeed a very good sign of the times that the younger members of our profession take such interest in all matters that pertain to the welfare of the cause of homeopathy. We trust that our elders will no longer be lukewarm in their interest. Dr. Roy has justly blamed them and we hope they will wake up to the situation. It is time we should realise that to earn and make a good livelihood is not the 'be all and end all' of existence. We are proud to be able to state that the Homeo-

pathic Hospital is at last an established fact. A large plot of ground has been bought and building operations have already commenced. And we hope to start the hospital work before the next cold season. We feel ashamed to think that still there are members who question the establishment of the Homeopathic Hospital in Calcutta, the metropolis of India. A young doctor remarked to us the other day:—Hallo Dr. how is your hospital work progressing? As if the hospital work was ours and not his. It is time we tried our best to make the hospital worthy of its name. It will indeed be a shame if we cannot build a suitable structure for our hospital here in Calcutta, where there are so many other such large and fine hospitals. We hope and trust that all the members of our profession should endeavour their best to make the hospital a success, letting alone personal interest for the time being, for until we have such an institution we cannot claim to have created any permanent abode for homeopathy in India. Let us all join together and try our best for the propagation of homeopathy in India.

J. N. M.

CHOLERA ASIATICA.

(*Continued from Page 163, No 6, Vol. XVIII.*)

Dulcamara—Like Aconite, Dulcamara is called for in cases where the disease is the result of exposure to cold. Careless exposure to cold, or to a change in the weather from warm to cold, frequently causes violent diarrhoea and sometimes cholera-like symptoms appear in these cases. A few doses of Dulcamara at the very outset will cut short the disease altogether. The stools are yellowish, greenish, watery with flocculi; sometimes bloody and changeable.

Much thirst for cold drinks. Nausea with vomiting of mucus. General prostration.

Patients living or working in damp, cold rooms, getting diarrhoea.

Diarrhoea from taking cold in damp places, or during damp foggy weather—H. C. Allen.

Dulcamara is generally used in the 6th and the 30th potency. Where the disease is caused by dampness, Dulcamara will be found very useful.

Elaterium—This is a very good remedy in loose evacuations of the bowels when there is violent colic, attended with chilliness and great prostration. The stools are generally yellow or watery and frothy and there is violent flatulent colic after the diarrhoea.

Ferrum—Bell says :—"It must be remembered in cholera and cholérine, especially when the slightest attempt at eating, drinking, or moving brings on a stool."

The stools are watery, slimy, undigested and comes out in a gush. Sometimes it is like rice-water. Watery with mucous shreds like scrapings of the intestines. Extreme paleness of the face.

• " Red parts become white ; face, lips, tongue and mucous membrane of the mouth.

Regurgitation of food in mouthfuls (Alum) without nausea—H. C. Allen.

Vomiting immediately after eating or after midnight, sour, acid. The higher potencies are to be preferred. The 200th and upwards. Ferrum is a very good remedy particularly for anæmic people, but the wholesale use of the drug by allopaths has brought it into disrepute. •

Gambogia—Gambogia has a very good record in affections of the bowels. Its indications are clear cut and it gives prompt relief when properly selected.

The stools are thin and watery, at times yellowish, and very offensive, but the leading keynote is the forcible expulsion of the stool. *The stool comes out all at once with a single effort.*

Rumbling and gurgling in the abdomen with relief after stool. The patient feels as if an irritable substance has been removed from the abdomen.

We have generally used the 6th potency but the higher may also be used.

Gelsemium—Diarrhoea brought on by nervousness as from fear or anxiety, has a very good remedy in Gelsemium. If the anticipation of any unusual ordeal, as going to theatre or preparing to meet an engagement brings on diarrhoea, it will be promptly checked by Gelsemium. *Weakness and trembling.*

Fears that unless he is on the move all the time the heart will stop beating (fears it would stop beating if he moved—Digitalis).

The stools are yellow, fecal, green and at times involuntary. The Gelsemium patient is made worse by sudden depressing emotions, fright, grief, bad news, excitement &c. chillness and drowsiness are the characteristics of Gelsemium. All potencies from the 12th and 30th upto 200th, have been used and with decided good results.

Graphites—If cholera-like symptoms appear on the sudden suppression of an eruption, we have a very good friend in Graphites. Like Psorinum, it is an excellent remedy in such conditions.

The stools are brown, fluid, mixed with undigested substances, and of an intolerable odour, at times sour-smelling, and corrosive.

The abdomen is full and hard, even after eating a little the abdomen becomes distended.

The Graphitis patient is generally of a flabby constitution and suffers much from eczematous eruptions.

The higher potencies are to be preferred, beginning from the 200th and going upwards.

Gratiola.—Gratiola has been an useful remedy in that form of cholera commonly known as diarrhœic cholera. In its symptoms and sphere of usefulness it resembles Croton Tiglium and quite an extensive use was made of the drug by the last generation of practitioners, particularly by Dr. B. L. Bhaduri. Yellow watery stools coming out with a gush was his leading characteristic. These were generally cases of diarrhœa which ultimately assumed a choleraic form. The green or yellow stool gradually became colorless.

There is nausea with inclination to vomit.

At times there is violent vomiting with pain in the head.

Much flatulence with cold feeling in the abdomen. Rumbling in the abdomen.

Dr. Bell remarks :—"Gratiola will prove particularly useful in cases of cholera morbus resulting from drinking excessive quantities of water of moderate coolness."

We generally use the 6th potency.

Helleborus Niger.—In the later stages of cholera I have used Helleborus with marked good effect. In that grave complication uræmia Helleborus frequently plays an important part. Sometime ago a female child was saved from the very jaws of death by the administration of Helleborus. When I saw the child, the stools and the vomiting had stopped, she was lying in a comatose condition; had passed no urine for three days, was rolling the head from side to side and was screaming out occasionally. Apis had failed to do anything. A few doses of Helleborus seemed to restore animation to a corpse. She passed a copious quantity of urine, the brain symptoms disappeared and she made a beautiful

recovery. Such cases make our faith in homeopathic treatment so strong and unshakable.

Here are a few of the characteristics of the drug :—

Weakly, delicate, psoric children, prone to brain affections, when there is impending serous effusion in the brain. (Apis, Bell, Tubercul). Meningitis : acute, cerebro-spinal, tubercular, with Exudation ; paralysies more or less complete ; with *cri encephalique*. Vacant thoughtless staring ; eyes wide open ; insensible to light ; pupils dilated, or alternately contracted and dilated. Soporose sleep with screams, shrieks and starts.

Hydrocephalus, post-scarlatinal or tubercular which develops rapidly. Automatic motion of one arm and one leg.

Convulsions with extreme coldness of the body, except head or occiput which may be hot (Arnica).

Greedily swallows cold water, bites spoon, but remains unconscious.

Chewing motion of the mouth.

Boring the head into pillow ; rolling from side to side, beating the head with the hands. Constantly picking the lips, clothes or boring into the nose with his fingers (while perfectly conscious. Arum Trif). Diarrhœa, during acute hydrocephalus, dentition ; watery, clear, tenacious colorless mucus ; white jelly-like mucus, like frog spawn ; involuntary. — H. C. Allen.

Suppressed urine, or urine loaded with coffee ground sediment.

The skin is cold and clammy, the pulse intermittent, death seems imminent.

We have used the 6th and the 30th potency of the drug.

Hepar Sulphur—Hepar Sulphur is seldom called for in true cholera but there are times when we may be called upon to administer Hepar Sulphur and that very appropriately

too. I remember of one case where all the indicated remedies gave partial relief, until finally the patient broke out with a very bad sore in the mouth which ultimately led me to enquire if the patient had received mercury in any shape, and sure enough, my predecessors, the allopaths had administered the drug in quite substantial doses. Hepar Sulphur is a beautiful antidote to the effects of mercury. When cases come to us from allopathic treatment we should always enquire about the drugs employed. Mercury is very freely and extensively used, so it seems to me.

The susceptibility to cold, with desire to be covered even in a warm room and over-sensitiveness to pain are characteristics.

Diarrhœa : of children with sour smell (Calc, Magn. carb, child and stool have sour smell—Rheum)—H. C. Allen.

The Hepar patient feels better in wet damp weather (Causticum, Nux. v., Rev of Nat Sulph.)

Generally used in the higher potencies, e.g. 30th, 200th and higher.

Hippomane Mancinella—Though seldom used in cholera, it has some valuable symptoms that deserve to be mentioned here.

Violent vomiting of injeſta ; bitter, watery, green ; of a bitter watery ſubſtance, on which floats pieces like white, hardened fat. Tympanitis, drowsineſs. The ſtools are dark, fecal, afterwards watery ; fetid. We have uſed the 3x and the 6th potency.

Hyoscyamus—In diſeaſes with complications of the brain, this remedy ſtands between Bell and Stramonium. In delirium in convulſions, in hallucinations, and in fact in all kinds of derangements of the functions of the brain Hyoscyamus, occupies a prominent place.

Below are given ſome of the leading characteristics :—

Convulsions : of children, from fright or irritation of intestinal worms (Cina).

Diseases with increased cerebral activity. Delirium, with restlessness, jumps out of bed, tries to escape ; makes irrelevant answers, thinks he is in the wrong place.

Spasms without consciousness, very restless, every muscle in the body twitches (with consciousness Nux v).

Suspicious, is afraid of everything, fears being alone.

Lascivious mania, kicks the clothes off, inclined to expose the genitals. Lies naked in bed and is incoherently delirious. All diseases have a tendency to assume the typhoid condition. The stools are yellow, watery, at times involuntary.

Urine scanty or retained. Sleeplessness from nervous irritation, subsultus tendinum. We use the 30th or the 200th. The higher seem to act better.

Here is a case :—

A lady about thirty belonging to a very rich family, thin, emaciated-looking but otherwise healthy, came under my treatment for an attack of cholera on the 6th April 1908.

Pulse very thin, great restlessness, very great cramps in the extremities, considerable thirst. Purging and vomiting of rice-water stools continued but less in quantity. No pain in abdomen. Cuprum met. 30 every 3 hours.

She was much better the next day ; cramps almost disappeared and thirst reduced. Placebo one dose every 6 hours.

The patient was almost all right in the morning. In the afternoon I heard that she had bearing down pain in abdomen. I also learned then that she was pregnant three months at that time. Pain increased in severity and abortion took place in the evening. The hemorrhage was not very copious. Next morning pulse though 'thready' was feverish and she was delirious. Bryonia 30th three doses had very

little effect. At night delirium increased and Hyoscyamus 200, one dose, was given.

Hyoscyamus acted like a charm and there was no delirium the next day and the patient was conscious but in the evening slight fever, restlessness and much thirst; Rhust. 200, one dose. On the 12th April, the patient was free from all complaints except that she was very weak, so much so that she could not raise her hands and move on her side. There was slight sleepiness and apathetic condition. Phos. acid 30, two doses.

Better in every respect, placebo. On the 15th April I saw her last and she was in a convalescent state. Very slow recovery took place.

Ignatia.—Ignatia will seldom be called for in true cholera, but if the disease is brought on by grief as from the death of a dear relative, we may use this remedy with advantage.

A sighing respiration with a desire to take a deep breath is a characteristic.

The stools are not very characteristic but there is rumbling in the abdomen.

The 30th is generally used.

Ipecacuanha.—This drug is very frequently used in cholera, particularly in cases where nausea and vomiting predominate.

In cholera infantum it plays a very important part and is very frequently followed by Arsenicum. It is invaluable in all diseases with constant and continual nausea.

Some of its leading characteristics are :—Nausea, vomiting of mucus without relief.

Stomach feels relaxed, as if hanging down with violent colic.

Flatulent, cutting colic about the umbilicus.

Hemorrhage from all the orifices of the body. Oppressed breathing during hemorrhage. Violent dyspnea with wheezing and anxiety about the abdomen.

The stools are green as grass, sometimes bloody, putrid and frequent.

The face looks pale and there are blue margins about the eyes. The pupils are dilated. There is cold sweat on the forehead. Nausea and vomiting. Ipecac is complimentary to Cuprum and is followed well by Arsenicum, two remedies that are so pre-eminently useful in cholera.

Ipecac is generally used in the 30th potency. The higher may also be used with advantage.

Iris Versicolor—Iris, like Ipecac, is one of our sheet-anchors in cases where the vomiting predominates, particularly if the vomited matter is sour and irritating. In these cases the patient seems to be greatly exhausted from the very beginning. Bell says—"It will be found applicable mostly to cholera morbus, occurring in the hottest season. It is said to have been used successfully in cholera, with icy cold tongue, and general coldness of the surface."

In cases where the tongue appears to be cold and discolored the prognosis is generally very grave.

The stools are watery, bloody, frequent, profuse, corrosive, fetid and at times mixed with mucus.

There is marked tenesmus with prolapse of the rectum at times.

Nausea and vomiting *with burning from the mouth to the rectum*. Violent efforts to vomit with cramps.

We have used Iris in the 6th and the 30th potency.

Therapeutic Note.

Cantharis high in uterine discharge.

Babu N. C. Dutt's daughter, a young girl of sixteen, thin and cachectic looking, came under my treatment for uterine disorders of various kinds. Menstrues were painful and scanty, pale and came very

irregularly. Urine scanty and attended with burning. Leucorrhial discharge thin, watery and without color. Napkin was soaked as if with pure water, and the quantity of discharge was rather profuse.

Appetite ravenous but food was not well digested and weakness and anemia remained. Mentally she became irritable and peevish. Bowels generally constipated.

She was examined by a lady doctor who said her uterus was small and undeveloped, flabby and bloodless.

I tried Ferrum, Phosph acid, Helonias and Sepia without much benefit. Cantharis 30 made some impression. Discharge less but not quite gone. Cantharis cm. one dose was given her and she was all right.

P. C. MAJUMDAR, M. D.

Obituary.

We regret very much to record the death of Dr. M. N. Ghosh of this city. After passing the matriculation Dr. Ghose entered the Calcutta Medical College, passed the first medical examination in the third year class, and continued his senior course there but somehow could not get through the final examination. His pecuniary circumstance was not favorable at the time ; so he relinquished his studies and began practising as an allopathic doctor. Dr. Ghose was a class friend of mine in the Medical College and when I commenced to practise homeopathy he came in contact with me and was led to study the new science of medicine.

In this new field he made some notable success. When the Calcutta School of Homeopathy was started, Dr. Ghose joined it after four or five years of its existence. He was a teacher of Physiology. This post he held till his death.

Dr. Ghose had a genial and kindly disposition for which he got a good practice. By his perseverance and untiring energy he attracted the notice of many big and wealthy persons of this city and became their family physician.

Dr. Ghose's book on Physiology in Bengali language is the best book on the subject, so much so that in the allopathic schools of this city his work is taken as a text-book. He has also written a pamphlet on Duties of Midwife in the Bengali Vernacular. It is written in dialogue form and is considered very useful by those for whom it was originally written.

Dr. Ghose was a regular contributor of the Indian Homeopathic Review when it was published in Bengali language.

Dr. Ghose has left a large family and numerous patients to mourn his loss. He was about sixty at the time of his death.

APPLIED PSYCHO-THERAPY.

BY ARTHUR HALLAM RING, M. D, ARLINGTON

HEIGHTS, MASS.

Blest are those whose blood and judgment
Are so commingled that they are not a pipe
For Fortune's fingers to sound what stops she pleases."

—HAMLET.

Medicine has always been an art. The advance of the past fifty years has in many of its departments made it a science, but even in these the art with which our scientific knowledge is applied oftentimes determines the degree of its success. Dr. F. C. Shattuck, of Boston, in an address before a graduating class at Yale said : "Those of us who are engaged in what is ordinarily termed the practice of medicine, that is, in dealing mainly with individual cases of disease, find that there is a gap between science and the concrete case. This gap is of varying width, but must usually be bridged by the art of medicine." The practitioner soon learns that disease is one thing and the person diseased is another. He finds, indeed, that in very many persons demanding his services there is no disease in the sense which this word has come to convey,

no definite and appreciable change of structure. Disease, discomfort there, is, due to impaired or disordered function, behind which may be a more or less obviously faulty mode of life, a false attitude towards life, or a mental or moral maladjustment to surroundings." And later he says : "Success in practice of medicine lies in a happy marriage between science and art."

This art, under the name of psycho-therapy, has itself lately been the subject of much careful study and research and it is to some of the practical results of this work that I desire to invite your attention.

It has often been said that it is not what we say but what we do that counts. However true this may be in other walks of life it certainly is false of the physician. He wields no more potent instrument than his tongue, and performs no more successful operations than when in close communion with a heart-sore and weary patient he plays the part of father confessor, and from his great knowledge of human nature offers in kindly and well considered conversation those poignant suggestions which readjust the false point of view and bring hope and courage to his fearful or sleepless confidant.

We are all familiar with the nervous wreck who pours out his every feeling, laying prolonged emphasis upon the most trivial incidents and sensations, the state of his emotions manifesting itself in tears or anger, as he tells of the slights he has suffered or the senseless fears that have caused him days of worry and nights of insomnia. And we have all seen these unfortunates brighten up when the fears were dispelled and leave the office hopeful and with new courage. Could any scientific operation yield a more gratifying result than the art here exhibited by the physician ?

You have doubtless many of you spent dubious hours wondering whether or not the patient who threatened to kill

himself and his family should be laughed at or sent to the hospital. Whether his frantic outbreaks are hysterical (*i. e.*, anæsthesias or hyperæsthesias of some of the cortical association fibres affecting some synthetized thought system) or whether you must attribute them to more profound changes in the more fundamental centers lower down, *i. e.*, in the sensori-motor arcs. And here comes in, of course, the new science of abnormal psychology to help out our art.

Time forbids me going into the scientific explanation of much that I have to say. But my studies in normal physiological psychology have convinced me that all of the peculiar phenomena which we see in abnormal mental life will be explained as we gain a better knowledge of brain physiology. In the meantime we can but study the phenomena themselves and apply this knowledge as best we may to the benefit of our patients.

Dr. F. C. Richardson has told you how he views the various popular psychical movements of the day, and I most heartily agree with most of what he says. I believe it is more dangerous for people ignorant of anatomy, physiology and disease to play with psychic influences than for one equally unskilled to do an appendectomy. In the latter case but few will be the victim, and they will happily die; in the former multitudes may be led astray to the tolerance of miseries which are far worse than death, to which death would be a blessing. I have seen patients with advanced heart and kidney lesions leading the most miserable of lives and refusing all medical aid because of their faith in one of these pseudo-psychic cults. In this connection there has lately been developed in Boston a psycho-therapeutic movement in connection with one of the leading churches. In referring to this medico-psychio-religious undertaking, Dr. Morton Prince, in an address last week, voiced exactly my own sentiment.

He said : "It is my belief that if the Church, whether in co-operation with the medical profession, or not, is to take up this work of relieving humanity of its multifold nervous ills, its disciples must qualify themselves by thoroughly mastering the psycho-pathological principles of disease ; they must familiarize themselves with the result of pathological research, they must learn to diagnose as well as treat. In other words, they must first undergo the experiences of the hospital and laboratory."

In this paper I will briefly discuss, (1) psycho-analysis as advanced principally by Freud and modified by Putnam and illustrates its application ; (2) next refer to some diseases as obsessions, dissociations, insomnia, worry, hay fever, asthma, diarrhœa, etc., which we may expect to help by psycho-therapy, and (3) finally give you an outline of some methods now in vogue. If I seem to neglect other valuable methods of cure you will understand that it is not because I deem them less valuable or important, for the truth is rather the contrary, but solely because they are outside the scope of this paper.

• (1) Psycho-analysis.

This method was early suggested by Breuer and worked out in detail by Janet and Freud. It is based on the simple facts of association of ideas. We know now that all memory depends upon association, and that this process is quite as often subconscious as conscious. That in certain pathologic states of the brain, systems of neurons which have formed a synthetized thought group may become simply irritable or anæsthetic or hyperæsthetic.

When anæsthetic or amnesic, as Janet has pointed out, they form the starting point of what he has described as the somnambulisms where in its most typical form we get a splitting off of the synthetized neuron system resulting in

multiple personality. In its lesser forms we see the various tactile anæsthesias, amnesias and paralyses of hysteria.

As inorganic lesions of the cord we get one side of the body anæsthetic with a sharp dividing line beyond which there is hyperæsthesia, so in these anæsthetic neural systems in the higher cerebral centres, or as Morat calls them, the superior systems, we get a secondary hyperæsthesia, which may account for the peculiar objective states which we see in these neuroses, *i. e.*, the bizarre eccentricities, obsessions, etc.; these may be the evidence of physis hyperæsthesia consequent upon an anæsthesia of some co-ordinate neural system.

Now it has been shown by Freud and Janet and in this country by Prince and others that the peculiar symptoms which many neurotics manifest are due to the living over again of some unpleasant episode of earlier life. The memory of this episode having vanished from the patient's super-consciousness he does not in the least connect the two incidents, *i. e.*, the present discomfort and the past experience and so fears that he has some serious malady which perhaps is incurable or that will require operation; we may assume now from our knowledge of brain physiology that this is due to a hyperæsthesia or at least an irritable, unstable state of some of the neural thought systems. In any case the outward result is that the patient is incapacitated for his usual duties and lives in a state of fear, is usually sleepless and according to the character of the dominant fears, or as the French say phobias, may maintain good nourishment or become pale and emaciated. Usually, however, these patients do not lose weight, and herein the medical mind is struck by an inconsistency between the subjective seriousness of the malady and the lack of its objective evidences.

Freud built up his system on the basis that these fears.

always have their reign in some sexual experience. It would seem, that a broader interpretation of our basic feeling tones in consciousness would lead to placing the instinctive emotions, love, fear and anger, on an equal etiological footing. However this may be, it is certain that the majority of the patients that one meets in daily work more frequently manifest fear than any other symptom. If then it is true that the psychic illness is merely the living over of an old and forgotten unhappiness, the acting out of a previous life drama with the prompter hidden in the co-consciousness of the teacher, it is plain that if that fact can be proved to the actor's satisfaction he will see himself no longer as a leading artist but merely as a mimic and will forthwith retire from the stage. And this is what psycho-analysis seeks to do. By a careful and prolonged search through the life history of the patient (Freud's cathartic method) it seeks to find explanation in some early experience for the present disease manifestations, and then to point out the channel by which through association this experience has been again called into being, and has had added to it all the later similar experience, thus building it into a thought system which forms a large part of his present mental content guiding his ideas and lending them emotional color. The most characteristic thing about these reproduced thought systems is the accompaniment of the original feeling, tone or emotion which went with the primary experience. In fact, it frequently happens that this is the only tangible symptom at first. The patient comes to us because of the presence subjectively of a vague and peculiar mood which is out of proportion or irrelevant to his environment; and which interferes with his daily vocation. Or it may be more than a mood, it may be a fit of some kind or a stupor; in any case the object of psycho-analysis is to dig out the experience, if

any, which the patient is reproducing and then to place the patient in a passive and receptive mood and carry him back in memory to this part of his existence and give him a new set of associations of a healthy and happy nature from which to build a new thought system about his central idea. James points out in his psychology that it is as important to forget as to remember, and that the real foundation of a good mind rests on the judgment we use in selecting the important and forgetting the irrelevant and allowing the attention to dwell upon the former with sufficient force and frequency to fix it in memory. Unhealthy minds frequently reverse this process and accentuate the trivial or painful, dwelling upon it until all other thoughts are displaced. Let me cite some cases which will illustrate psycho-analysis.

CASE I.—Miss F, age 40. A neurotic from birth, has been a nervous invalid for ten years as the result of prolonged strain and worry incident upon some illness and death in the family. During the first of her illness she had great difficulty in swallowing, even milk choked her badly; when she came under my care she had regained a fair degree of health, and could eat almost every thing. Meat, however, had to be put through a fine mincer, and she had to eat alone, and would sit from one to two hours over each meal counting the number of times she chewed each morsel; if surprised she would choke and strangle. On careful questioning she finally remembered that when five years old she had had a very severe choking fit from a fish bone. It caused much commotion at the table and left a deep impression upon her. A year later she had a similar experience with a bolus of meat. She had forgotten these experiences, but when it was pointed out to her that her fear dated back to them she decided to overcome it, and has since eaten quite naturally and with others. She has never quite overcome her habit of slow eating, however.

CASE 2.—Miss B., age 41. For five years has been worrying about her bowels, has had a vague discomfort in the right side, never very distinctly located and has profuse perspiration of abdomen from any emotion. She has had some gas and alternate diarrhoea and constipation upon which she has dwelt much and for which she has consulted many doctors and tried many forms of treatment. For a year before coming under treatment her mind was so constantly upon her bowels that finally she literally had to give up work to attend to them. She had peculiar fainting spells when everything seemed to recede and elongate. She finally discovered some mucus in her stools which seemed to justify her worse fears, and she went to bed with serious bowel trouble. She felt sure that she had appendicitis, and would have to undergo an operation, indeed she convinced her physician that this was a possibility and was sent to the hospital for observation. There her peculiar mood convinced the physicians of the psychic nature of the disease, and she was sent out to my private hospital. I finally learned that she had had typhoid when twenty-one years old while living with a step-mother with whom she was constantly at war. She was delirious through the entire attack, and professes to remember nothing of it except that it was all terrible. Five years ago she began to run down and have some bowel discomfort and a peculiar worrying mood. Not knowing from whence it came and hearing much of appendicitis she attributed her discomfort to this and gradually built it into a thought system accompanied by the emotional fear which she had previously felt for her step-mother during a similar discomfort fifteen years before. This was explained to her and she made an excellent recovery after three months. I do not doubt but that this patient would have remained an invalid much longer had we not been able to give her

some feasible explanation of her fears. She is highly though negatively suggestible.

CASE 3.—D., age 21. Came under treatment for epilepsy. After observing her closely it was found that her attacks always occurred in the front hall and usually after dinner. The attack too, were not typical. Physical examination showed anæsthetic zones over the body. Mentally the patient was a bright college girl. In a hypnoid state she remembered that when a girl of fourteen she had been at a theatre in a small city with her parents and had greatly admired the leading lady. After the show they went to the hotel and had some refreshments, and while in the dining room the theatrical company came in and sat down and she saw again her heroine. Suddenly, however, the heroine jumped up and ran into the hall, when she fell in an epileptic fit. The child ran to her and saw her carried up stairs. Here there was the experience which our patient was living over in her run down state. She made a good recovery and has now been well for five years.

Freud claims that it is a simple matter to make the patient recall the primary experience. He places his thumb on the nasion and pressing there commands them to remember. Some of us do not find it so easy. Personally, I have often felt that it required some straining of the imagination to join up the links, but there will be found a certain number of patients who will give a pretty clear history from which deductions are fairly easy. It must not be thought that all of these cases get well even after one has satisfied himself of the relation between cause and effect. It is often a difficult matter to put the matter in an intelligent light to the patient. Again in cases of very long standing habits have been formed which may require long and patient reduction.

Dr. J. J. Putnam has well pointed out that it may at times be harmful to require patients to recall unhappy episodes, especially if they are connected with unfortunate sexual experiences, and shows that the same end may be accomplished by getting the patient's main train of thought and then by discussion substituting another train of association starting from the same point but having a happy feeling tone for its accompaniment. And after all is not this just what we do every time we explain away an unhappy mood, substitute another train of associations ?

There are certain symptoms that the medical man frequently meets, some of which have an undoubted psychic origin, such as obsessions and amnesia, and others that may or may not be psychic, as insomnia, rose cold, asthma, dyspepsia, bladder trouble, etc.

OBSESSIONS.

One frequently meets with the patient who is possessed by an idea which dominates him. He tells you of it, discusses it, and is conscious of its foolishness, yet it obsesses him and he must comply with its dictates. I recall such a patient who could not retire at night until she had looked under the bed. It came out in her history that when eight years old she visited a friend. When she retired that night, she found a man's arm protruding from beneath the bed. She screamed and ran out, and though it was shown later to be a stuffed man placed there as a practical joke, she could not be persuaded to sleep in the room. She had almost forgotten the incident, but the fearful emotion caused by it had fixed upon her this harmless obsession. Most of us can find in our own lives similar experiences and results. Here it took but slight knowledge of psycho-analysis to discover the *post hoc propter hoc*. It is the belief of students of abnormal psychology that

most obsessions will be found to have their origin in some such early experience.

Dr. J. W. Courtney * has pointed out that obsessions constitutes the essential symptoms of all types of psychasthenia and has skilfully rounded up many heretofore vague and confusing states under that name, such as the obsessions of sacrilege, crime, disease, shame of self, shame of the body, compulsory ideation and activity, extremists, manias of reparation and compromise, the various phobias and emotional agitations. All of these are characteristic he says by a peculiar idea which "is neither voluntary nor practical, it is not concrete and does not lead to useful and satisfactory achievement, It cannot be submerged to the level of sub-consciousness like an ordinary idea." On the contrary it is vague, abstract, insistent, monotonous ; it is an incubus, an obsession which fastens on the mind of its victim and goads it to a peculiar type of frenzy. The psychasthenic as thus defined has a brain which psychologically is but feebly synthetized and whose personality readily becomes practically dissociated under the domination of an obsession. This obsession in turn consists in the raising above the threshold of consciousness of some old fear which probably had its origin in childhood, indeed, as Courtney points out, in Psychasthenia there is a partial reversion of consciousness to the child type, a condition in which the will and judgment are unable to overcome the obsessing idea.

If this is all true what is more reasonable than to expect to help these unfortunate and usually unhappy patients through educational psychic methods.

INSOMNIA.

Whether or not sleeplessness in a given case is due to

* , Psychasthenia : Its Semeiology and Nosologic Status Among Mental Disorders. Jour. A. M. A., Feb. 29, 1908.

some perversion of the physiological functions as indigestion or is the result of some error in the psychic factors is often most difficult to decide. Until very lately we have been in a deplorable state of ignorance regarding the cause of normal sleep, so that much of our advice on this subject has necessarily savored of the experimental. It has for some years been known that waking consciousness is the result of the sum of all stimuli reaching the brain from the various sense channels. What then could be more reasonable than to suppose that by reducing these stimuli to a minimum the tension of the mind can be let down till each sensation reaches its threshold value, when sleep would naturally ensue ? Yet it is only within the last few months that this simple deduction has been backed up by experimental proof by Boris Sidis, M. D., * of Brookline, Mass. Now whether the persistent incoming stimuli which cause insomnia in a given case are the result of some disturbed bodily organ or whether they are due to the fixation of attention upon the sufferer's own fears and worries is the question to be first decided in the treatment of these cases. If the former, then proper medicinal and other treatments should be prescribed. If due to a mal-adjustment of the mental factors then psychotherapy is in order. Sidis finds that the shutting out of all stimuli together with limitation of motion, relaxation of attention and monotony (as from the tick of a clock or the murmur of the wind) form the essential conditions of sleep. In this connection he made the interesting observation as a medical student that if he was listening to a monotonous, uninteresting speaker he became drowsy during the speaking and was kept awake by the lecturer's pauses. ,

* An Experimental Study of Sleep. Jour. of Abnormal Psychology, April, 1908.

PSYCHO-THORACIC DISTURBANCES.

Under this heading I would include all respiratory and cardiac disturbances which have nervous asthma, emotional palpitation of the heart and perhaps even some functional murmur due to relaxed nervous tone.

As an example of what actual tissue changes may be produced by an idea, I would remind you of the authentic case reported by a well known rhinologist. It was that of a lady who always had a severe rose cold with violent coryza and lachrymation if she chanced to be where there was a rose. She called upon her physician one day and he found the nasal mucous membrane in a healthy condition. He then took from behind a screen a bunch of roses. Immediately the patient began to sneeze and have all the symptoms of coryza. He examined the nose and found the mucous membrane congested and the turbinates turgid. He then explained to her that the flowers were artificial, and the next time she came to his office she was able to bury her face in a bunch of roses which were upon the table.

We have all seen nervous asthma. I need not describe it here. In one of his letters on psycho-therapeutics Prof. Oppenheim describes with his usual clearness the mechanism of psychic palpitation as follows, speaking of the power of attention and introspection to originate and develop such conditions. He says: "This is most easily perceived in regard to the action of the heart. Even a healthy man may be aware of the throbbing in the region of his heart and the pulsation in his ears after a quick run or climbing a hill, or when in the stillness of the night he lies on his left side, with his attention on the alert, and this will most easily happen, if, as the result of physical over-exertion, excitement, the use of alcohol or a heavy meal, the action of his heart

is exaggerated and unusually strong. Indeed every one is aware of this fact. For the healthy person there is nothing disturbing in it, he ignores it, goes to sleep over it, and in the morning has forgotten it. Very different it is with the anxious listener who, suspecting that his heart is affected, now fixes all his attention upon it. Very soon the inevitable consequence of constant repetition makes itself felt. Finer and finer grows his mental hearing, more and more conscious is he of the throbbing and pulsing. Soon the silence of the night or a certain posture of his body cease to be requisite : he is always conscious of the pulsation, and now not merely in the region of his heart ; he may become painfully aware of it in various parts of his body. And, as a rule, it does not end with these distressing sensations ; a new factor appears, a real functional disturbance of the heart ; the heart rebels, as it were, against this surveillance, which not only accelerates, but may even inhibit its action and render it irregular.

PSYCHO-ABDOMINAL DISTURBANCES.

It is well known that the gastric-intestinal tract is often the plaything of emotion. Nervous dyspepsia, diarrhœa and more often constipation may all be the direct result of too much attention to these organs. This is well known among the mind curists and mental healers, so-called, who frequently gain an entré into the patient's confidence by suggesting away these troubles, especially constipation. Most of us have felt the "call of nature" when about to perform some unusual ordeal as a public speech or an unaccompanied operation. Persistent urinary disturbance, especially irritable bladder, is quite common. I have just learned of a case of persistent bladder trouble treated all last winter by a New York specialist who neglected the evident fact that the

patient was in a most disturbed state of mind. She came to Boston and placed herself under one of our most competent psycho-therapists, who was himself surprised to learn on his second visit that the bladder trouble had so far improved that the lady could walk out upon the street for the first time in several months.

METHODS OF APPLICATION.

Since the time of Mesmer many methods have been brought forward for the purpose of introducing ideas into the patient's mind and giving them more permanent lodgment there than they would receive in the normal waking state. However, I will not speak historically, but turn at once to that which we have learned is of greatest usefulness. As practised to-day psychotherapy may be broadly divided into—

(1) Psycho-analysis in its broadest sense and including the use of the association and the galvanometer.

(2) Suggestion in various forms.

(3) Education through explanation and an appeal to the intelligence of the patient.

(1) Of psycho-analysis I have already given sufficient examples, and for the two tests I must refer you to the work done in the country by Munsterburg, Peterson, Prince, Coriat, Sidis, and others. Suffice it here to say that in their sphere these tests are quite as important as in the Widal serum reaction or auscultation of the heart in theirs. They give a relatively accurate and simple means of determining the psychic factors with which we have to deal, especially the sub-conscious.

SUGGESTION.

Under this heading may be grouped all methods which

seek to plant in the mind ideas which are opposed to the present train of thought of the subject, *i. e.*, to supplant his conviction of weakness, of inability, of pessimism, by those of strength, self-confidence and optimism. Psychologists have shown beyond doubt that we are all open to suggestion, that like bacteria thousands of the suggestions received are innocuous, some highly beneficial and a few malignant, and to carry the simile further, in order that infection should occur, that the idea should take, it is quite as necessary in both cases that the soil should be ready for the seed. We may well compare the injection of the right idea into a diseased consciousness with the injection of autogenous serum. In both cases the opsonic index is, so to speak, raised to a point of normal resistance, though sometimes preceded by a negative phase.

All degrees of consciousness from the normal waking state to deep hypnosis have been used as the mental soil upon which to plant this psychic seed, the new opposing idea. The preponderance of opinion at present favors so-called waking suggestion, and this may be given directly as a command, but it will usually be found better to apply it indirectly, introducing the ideas into more or less indifferent conversation the subtleness of this form of suggestion makes it difficult, and one must often use great tact in its application. It is usually quicker and more satisfactory to use the hypnodial method described by Sidis. He has the patient close his eyes and keep as quiet as possible without making any effort. He is then asked to attend to some stimulus, such as reading or singing or the monotonous beats of a watch or metronome. The patient soon passes into a quiet, passive state favorable to the reception of therapeutic suggestion, though in entire command of his senses and perfectly oriented. Sidis points out that it is simply the state "which

precedes sleep, and in which one may pass either into sleep or hypnosis. The deeper degrees of hypnosis are less and less used as we come to know more of psychology, but there are cases such as alcoholism and certain cases of hysteria and psychasthenia where it may serve as an excellent splint to the weakened will.

EDUCATIONAL METHODS.

Perhaps the most important advance of all in psychotherapy has come in the realization of the importance of an appeal to the intellect of the patient, explaining to him the real significance of his symptoms and giving him frank and sincere encouragement. Probably no modern book has had a more far reaching influence upon the medical world than that of Dubois, who champions this method, and from whom I take the following remarks: "Many patients owe the persistency of their functional troubles to the physician, who, by impudent words, has given them a fixed idea." "It is necessary to believe in the reality of their pains and to show them full sympathy, and if, little by little, we can prove to them that the symptoms have a psychic origin, it must be done in a long friendly conversation." "One must study the mentality of the subject, detect his lack of logic, his exaggerated susceptibility, and in the daily conversations, modify his natural mentality; for it is to this mentality that one must look for the first cause of the trouble." "In serious and obstinate cases a prolonged treatment is required to continue the moral influence. I have adapted for this end the treatment of Weir Mitchell who, as every one knows, recommends rest in bed, isolation and over-feeding and various less important measures."

In brief, we should, by explanation, persuasion, encouragement and a fixed and unswerving confidence in ultimate

success, so alter the patient's point of view that he sees the error of his deductions and voluntarily corrects them. Herein it differs from suggestion, for it leaves the patient a free moral agent, while suggestion is apt to leave him, even when cured, with feeling of dependence upon his benefactor. This educational work is then by far the most desirable method.

Dubois would go so far as to extend its usefulness to benefiting organic diseases by its moral effect.

Is this not after all what we always have meant by the art in medicine? He is indeed a true physician who can grasp the delicate, elusive interplay between body and mind and in his ministrations so judge and adjust each factor as to bring harmony, purpose and usefulness to the chaotic mind.

Not mean, nor base,
But of heaven's best upbuilding is this House
Fashioned for men ; the city of nine gates—
Wonderful, subtle, sacred,—to be kept
Fair and well garnished ;
Graced with ornament
Outside and in, and wardened worthily,
That, in its ordered precincts, angel's wings
May float and fold and Body help Soul,
As Soul helps Body.

—EDWIN ARNOLD.

—*Journal of the American Institute of Homeopathy.*

HAHNEMANN'S THREE RULES CONCERNING. THE RANK OF SYMPTOMS.

CONSTANTINE HERING, M. D.

Hahnemann's advice is, to take all the symptoms of each case as if it were the only one (Comp. Organon, Sec. 83 and following.)

The same is to be done while proving ; write down all the symptoms. (Comp. Organon, Sec. 138, 139, etc.). In contradiction, the common, old schools examine each case in order to make a diagnosis and, to enable the doctor to tell the patient "What is the matter," and if they talk about the effects of a drug, they ask : "What disease does it cure ?" "What pathological generality is its 'character' ?" The true Hahnemannian examines each case to get such symptoms as distinguish this case from all others. He observes the strictest individualization ; like a portrait-painter, he wants a photograph of each single case of sickness. Such symptoms, or groups of symptoms, as distinguish the case before him from others are the characteristic symptoms aimed at. The same in proving. We want the characteristic of a medicine—i. e., such symptoms as distinguish it from all others.

Hahnemann's rules set forth that we must aim to get all symptoms, particularly such as have hitherto been overlooked, neglected, not listened to or sneered at, to get what we necessarily must know. It is the same with provings of drugs. By collecting all and every symptom and particularly the so-called minutiae, we obtain the characteristics ; the common old schools are satisfied with a general pathological character by which drugs may be divided into classes, but never can be individualized, each as thing per se.

Rule I—Hahnemann's first rule is, the characteristics of the drug must be similar to the characteristics of the patient (Compare Organon, Sec 153, and others).

This rule has also been expressed in the following words:—The symptoms for a case and the symptoms of a medicine must not only be alike, one by one, but in both the same symptoms must also be of a like rank. (Compare Archiv. XI, 3, p. 92.) It is thus the rank according to which we arrange the symptoms obtained by the examination of a case—the rank, the value, the importance of the respective symptoms of the drug—which decides when, as it will often happen, several different drugs have apparently the same similarity ; it is this rank which decides in the selection.

Rule II—Hahnemann has given us a second rule in his Chronic

Diseases. We may either adopt his psoric theory or not, but if we follow his practical advice laid down in the said work, we shall, in proportion, have far better success, and will be forced to adopt at least all the practical rules contained in the said theory.

The pith of this theory is not refuted by the discovery of *accarus scabiei*, nor by the *generatiaquivoca*, nor the contagiousness, nor by the propagation of the *animalculæ*, nor by anything else [not even by the entire tribe of the bacteria.—Ed.] The quintessence of his doctrine is to give in all chronic diseases, i e., such as progress from without inwardly, from the less essential parts of our body to the most essential, from the periphery to the central organs, generally from below upwards—to give in all such cases, by preference, such drugs as are opposite in their direction or way of action, such as act from within outward, from above downward, from the most to the less essential organs, from the brain and the nerves outward and down to the most outward and lowest of organs, the skin. (Compare Preface treatise on Chronic Diseases, p.7, and following.) The metaphysics of our science tells that all drug diseases (*parnosses*) are in their essence an offspring opposite to the whole mass of epidemic, contagious and other diseases, all of the latter being originated by a conflux of causes (*synuosses*).

Hahnemann's doctrine and treating chronic diseases includes another and opposite, viz. the opposite direction in the development of each case of chronic disease. All the anti-psoric drugs of Hahnemann have this peculiarity as the most characteristic—the evolution of the effects from within towards without. Thus all symptoms indicating such a direction in the cases from without towards within, and in the drugs opposite from within towards without are of the highest rank ; they divide the choice.

(*To be continued.*)

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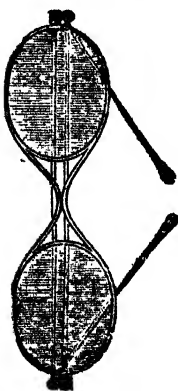
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THE INDIAN HOMEOPATHIC REVIEW.

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XVIII.]

DECEMBER 15, 1909.

[No. 12.

AN APPEAL FOR THE CALCUTTA HOMEOPATHIC HOSPITAL.

For some time the homeopathic physicians of Calcutta have been trying to get up a hospital in this city for the proper treatment and cure of the poor who like to avail themselves of this beneficent mode of cure. From the time of Tonnere and Berigny and Salzer and Mohendra Lal Sircar and Behari Lal Bhaduri, homeopathy has been spreading throughout the length and breadth of this country. In Calcutta, the metropolis of India, homeopathy has become a recognized mode of treatment. There is hardly a house or a family where they have not had recourse to homeopathy sometime or other, while there are many people who systematically resort to this method of treatment. Many of the princes and peers of the country have recourse to our treatment. Homeopathy can boast of having successfully treated such eminent personages as His Highness the Gaekwar of Baroda and the Begum of Bhopal.

The large number of people that resort to our clinics also

bear testimony to the fact that it is getting more and more popular among the mass every day.

Our efforts for the establishment of a hospital met with various difficulties until at last in September last a society was formed, called the Calcutta Homeopathic Hospital Society, with Raja Peary Mohan Mukharjie, C. S. I., M. A., B. L., as President, Rai Narendra Nath Sen Bahadur and Dr. P. C. Majumdar as Vice-Presidents, Dr. D. N. Roy as Secretary, Drs. B. B. Chatterji and J. N. Majumdar as Asst. Secretaries and the following members forming an Executive Committee.

Abinas. Ch. Banerji, L. M. S. (Allahabad).

A. N. Mukharjee, M. D.

Baridbaran Mukharji, L. M. S.

B. L. Bose, L. M. S., Bhawanipur.

Babu Bijoy Chandra Sinha.

G. L. Gupta, M. D.

Gopal Ch. Goswami, L. M. S.

J. N. Ghose, M. D.

Khan Bahadur Serajul Islam.

Babu Kisor L. Sircar, M. A., B. L.

Paresh N. Chatterjee, L. M. S. (Bankipur).

Babu Russick Lal Mullick.

S. Goswami, M. D.

S. K. Nag, M. D.

Samsul Ulama Maulvie Ahmed.

The Society seems to have been started under auspicious circumstances. For no sooner the society was formed and registered, Ranee Kustur Munjui Dassi, wife of Kumar Radha Prasad of the famous Raja Baidya Nath's family of Postha, came forward and made a donation of Rs 22000 with which a plot of ground was immediately purchased at No. 265 Upper Circular Road, measuring about a bigha with a

few dilapidated houses. Now some of these have been pulled down while others have been repaired and made fit for use. Messrs Martin & Co, the well known Engineers of this city, have been entrusted to make the necessary plans for a suitable bulding in the centre of this ground.

We are still in need of funds as the buldings and the land would cost us over fifty thousand before they are complete ; besides we must have a substantial fund for its maintenance.

We therefore appeal to the generous public once more for further subscriptions and donations.

All subscriptions and donations are to be sent to the Secretary Dr. D. N. Roy at 62-2 Beadon Street, who will thankfully receive and acknowledge the same.

SOME TRACES OF HOMEOPATHY IN THE ANCIENT HINDU MEDICINE.

BY D. S. KAISTHA, B. A., M. D., AMRITSAR, PUNJAB,
INDIA.

The medical science of the ancient Aryans, like the rest of their scriptures, dates to an early era, from three to five thousand years back, and is believed to be acquired by the great sages through the medium of the mantras, i, e., the higher attainments of the inner faculties. This method corresponds to the modern idea of introspection. The very nature of the belief reflects upon the science being the product of extraordinary meditation, if not of revelation. This assumption renders it perfect, as will be seen from the fact that it has not moved a particle of an inch towards reform or amendment since that period. It carries an air of mysticism, not in the way of remedial agents but rather in the theories it promulgates.

This science is contained in the only Scripture-Ayurveda, which was followed by the publication of commentaries by two great noted physicians of the time—Charak and Susrut.

While touching upon some points of interest, the discussion will briefly cover only part of the system which has direct or indirect bearing upon Homeopathic mode of treatment. There are three heads under consideration :—

1. The nature of a disease.
2. The cure of a disease.
3. The materia medica and pharmacy.

The Aryans believed that the human body was the miniature cosmos, standing for the higher one, i. e., the world, and consequently it was formed of the same elements, i. e., air, water, earth, fire, and ether, possessing the same attributes as those of the crude, inert matter being worked upon by the soul or spiritual force. The harmonious relations of each of these elements, according to them, is the significance of normal condition. This spirit-like force is a regulator of the gross mass of atoms. It is diffused over the world. It animates the organic bodies. It is all-pervading. This idea is not to be confounded with the theological sense of the spirit which carries the interpretation of the Greater Soul or Ego, the Almighty. The principal fact of the spiritual essence of the cause and effect of the universe with the essential relation of harmony is the basis of this system. The theories of bile, blood, phlegm, etc., are based on this fundamental idea of dynamic equilibrium and hence serve as a remote cause. According to their interpretation, health is the harmonious condition of the system; consequent on the due proportion of the elements, principles, humors and temperament, acted upon by the soul or spiritual essence; whereas disease is the departure from the proportionate combination of such factors.

The next point under consideration is the cure of the disease. For the attainment of a cure, the following conditions are necessary :—

1. The knowledge of the nature of the disease, which a qualified physician ought to possess.
2. The knowledge of the remedial agent, by which a physician can make the selection of medicine.
3. And lastly the personality of the patient itself.

Special stress is laid on the personality, character, and the attainments of the physician, on account of strong ethical influences the system of medicine bears. For instance, the physician should fulfil the physical conditions before he can claim to cure the patient. He should be healthy, handsome looking, robust, dignified in appearance. He should possess power of observance. He should be modest and patient. He should be temperate in his habits, kind and gentle—with a nature to do good. He must be pure in mind—he must be man of character and stability. Sobriety should be his watchword. If possible, he must be advanced in years before he takes up his work. His duty is to alleviate the suffering of the sick. With such conditions, physical and moral, the physician must know the cause and nature of the disease. He must be a man of learning. He must have acquainted himself with the following part of the medicine :—

1. (Śirīrthana)—The human anatomy,
2. (Sutrasthana)—Which considers the relation of customs and habits with reference to disease,
3. (Nidanasthana)—Which gives the premonitory symptoms and the incubation period.
4. (Chikīrasthana)—Which deals with the regimen and medicines, which cure the disease.
5. (Updarvathana)—Which treats all unusual symptoms appearing in the course of the disease, such as delirium, etc.

6. (Kalpasthana)—Which deals with the forensic medicines.

With above qualifications, the physician proceeds to look into the nature of the disease. Perhaps no other system of medicine, with the exception of Homeopathy, takes up the question of symptomatology so thoroughly as this system does. The physician marks the general appearance of the patient—age, caste, temperament, strength and the condition of the mind and body. He next considers the food he has been taking and the environments he has been placed in. Further, he proceeds with the symptoms of the disease which are considered under two heads—general and local. Under the general, there are symptoms like sleep, appetite, general sensations and feelings, conditions of the tongue, moist, dry or coated defecation, quantity and color of the urine, the condition of the extremities, upper and lower, the color of the skin and any disfigurement of the body. Next follow the local symptoms—taking into consideration the condition of the abdomen, and pelvis ; the evacuations are specially looked after. Then, last, comes the consideration of the lungs and heart, the latter being the seat of blood. The conditions of the humors is found out by means of delicate touch at the arteries and blood vessels at the wrist. The physician makes his diagnosis through the five senses. He has to bear in mind the vitality and strength left in the sick person. He gives his prognosis as to the patient according to the set of symptoms, regardless of the local disease. .

Besides going over the case carefully in the said manner, there are some other things which the physician has to attend to. In case of attendance upon the sick, or administration of first dose of medicine, he has to mark the state of the planet, time of the day, good or bad omens, the accidents in walking, the manner and speech of the messengers. The introduction

of astrology and astronomy in medicine, showing the influence of stars and planets over the human system is characteristic of it. This fact also shows the transcendental nature of the system.

MATERIA MEDICA.

The materia medica is the richest of its kind. The vegetable, animal and mineral kingdoms are being made use of. The belief that Nature provides a single remedy for each disease led the student of medicine to make a deep and thorough study and examination of the herbs. It should be the outlook of the physicians that the drug is obtained from a good soil and neighbourhood. It is recommended that in order to secure accuracy, physician should visit the place of growth himself, climb up the hills and traverse the forests and find them in their natural condition. The location for such plants is referred to the Himalayas. Some information may be gathered sometimes from hunters and adventurers, who come across such herbs.

The herbs should be collected on a fortunate day with prayers. The physician should be his own apothecary, so that he could prepare and prescribe medicines which are peculiarly adapted to each particular case. There are special instructions given for drug collection. The influence of the stars on particular days is to be particularly noticed. It is said that their qualities of drugs depend on their color, smell and the kind of juice. The vegetable medicines are procured from the root, bark, leaves, flowers, fruits, seeds, juices, gums and the wood of the plant. The effect of the medicine varies according to the time and period of the season during which the plant is collected. The weather—stormy, windy, or calm, day or night, dry or wet season and the interval which elapses from time to time it is collected till it is prepared and used—are

supposed to have similar influence. Mention is already made of the soil and surroundings, from which the plants should be collected ; the same idea of the harmonious action of the elements, in the Nature is looked for in the growth of the plant. The fact that the rays of the sun and moon have certain effects upon the life of a plant is not lost sight of. The mineral kingdom has the use of diamonds, pearls, rubies, etc. It is interesting to note that the method of administering the drug by olfaction is adopted in several diseases. The patient is made to inhale tinctures of certain drugs which have the curative effect.

PHARMACY.

The infinitesimal scale of the Aryans is very interesting, inasmuch as the dose of the medicine is minimized to a poppy seed. The idea of minuteness of the dose and its accuracy may be had from the fact that in their scale, eight particles floating in sun's ray make one minute poppy seed. It rises by gradual scale, passing through different seeds to Ratti, which is little less than $\frac{1}{3}$ gr.

The strictest accuracy is observed in preparing the medicines. They should be prepared in a clean and retired situation away from the streets or river sides, in the latter case their property is supposed to suffer more or less by the unfavorable influences.

Trituration is a special feature. Each drug is triturated independently. Perhaps the Aryans were the first to discover that the medicinal property of a drug increases in its physiological action by continuous trituration ; this practice is kept up even to-day. In the native pharmaceutical works of India to-day we come across several hands always busy with mortar and pestle in triturating one single drug for weeks together.

From the above facts, it will be seen that in the system of the ancient Aryans, we meet with certain points of resemblance with the modern Homeopathy.* The theory of the dynamis, and that of establishing equilibrium in the deranged system and the facts of administering the minute dose and triturating the drug so thoroughly as to develop its action, physiological and dynamical—are facts sufficient to convince one of the early Homœopathy which came into existence at an early period. Besides, we read mantras like Rupam, rupam, vayic, vayas, (Form to form, Force to force). This is a direct reference to the law of Similars. We come across another shloka saying—One disease may produce another which sometimes diminishes the symptoms of the first. Here we have in a nutshell what Hahnemann explains in paras. 42-45, of the "Organon." In Rigveda there are hymns which ascribe the healing properties to the elements of Nature, like air and water. Again, in Atharva Veda there is mention of signs on the law of Similia—the relation of color of drugs on the body, such as gold hammer and saffron in jaundice and other red colored drugs in the diseases of blood. Reference has already been made as to their belief that there is only one drug for each particular disease.* Facts like these help to prove that the Aryans adhered to the Nature and advocated a simple mode of treatment; which has stood the test of ages in every respect. Taking into consideration all similarity between the two systems, it will be interesting for a student of Homeopathy to make a comparative study of both systems and trace the modern theories of the new art of healing back to the art and science of the primitive age.

*The Aryans recognized the divisibility of matter and infinitum which is being accepted by the science in its modern researches.

DISCUSSION.

Dr. Kaistha : Mr. Chairman, Members of the Institute—
Let me thank you for the courtesy with which you have permitted a change of program for my sake. It is a great pleasure to me to be here with you to-day, considering the great distance between this land and my native home, and at the same time I take the opportunity of conveying the best regards and wishes of my worthy colleagues at home upon your discussions and the work of the Institute.

Before I read my paper permit me to say a few words. I know that most of you will be interested in knowing what Homœopathy is doing; not alone in India, but in other parts of the world. It was about fifty years ago when Homeopathy was first introduced by some of the missionaries—I do not know just who it was, but it has since then been taken up by the local profession just as a trial. It went on progressing until within the past ten years we have had many very eminent doctors, one of them compiling a materia medica. He was called the homeopathic Hering of India. Another eminent physician was Dr. Salzer. To-day we have doctors like P. C. Majumdar. It is progressing fast, not only in Calcutta, but in other parts of India. It has reached the private homes, and through the private homes the laity. My conviction is that Homeopathy is progressing more among the laity than among the profession. It is a work of centuries with them.

I have seen with my own eyes cases of bubonic plague and infectious diseases like small-pox, etc., cured by Homeopathy. I know of one man who had just a preliminary education in medicine, and he simply studied up the law of similars, aided by that he gave the remedy that was indicated, and he was successful in the treatment of ninety persons. He was known as the plague doctor.

I have met a great many men from Egypt, Arabia, China and Japan. I have travelled over some parts of Europe, and I have seen what Homeopathy is doing, and I know what Homeopathy is meant to do. I am full of conviction that at some time our school will be the dominant school in the world. But perhaps you are not aware that Homeopathy is steadily increasing. Its effects are being shown among the people, and that is the reason it has stood the test of a hundred years.

With a few remarks like this I will go on with my paper, but before I start let me explain to you that my object is not to show that Hindu medicine is Homeopathy, but that there are certain points of resemblance in both systems. If any of you would care to study our system of medicine from the very outside you would find that it is much like the allopathic system, but it is not so. As you will see from the paper, their cures are on the same basis that ours are.

Dr. James C. Wood, Cleveland, O ; I think it would be very appropriate for us as members of the Institute to extend a vote of thanks to the distinguished physician who has given us such a very enteresting paper, and I make a motion to that effect. (After being duly seconded, the motion was carried).

Dr. Claude A. Burrett, Ann Arbor, Mich. : I am very grateful to Dr. Kaistha for the privilege of discussing this paper. I consider his introduction of value, because it shows to us the spirit of a man who is going to a country that is practically new as far as this modern development is concerned, and is going to be a representative man in the introduction of a system of medicine into India. I have had the pleasure of knowing Dr. Kaistha for the past year, and it is not necessary to say that a more highly cultured and educated man could not be found anywhere.

Recently a native of Japan was giving a lecture, in which he stated that the sons of the United States have made it possible for a new field of medicine to be introduced into Japan. Unfortunately, I do not think he referred to Homeopathy, but I expect that some time in years to come word will come to us from India that Dr. Kaistha has been instrumental in introducing Homeopathy into his Province in India.

I cannot say anything in reference to this paper, except perhaps one thing, and that is, the effect of medicine upon the body is a law through the solar system. It is certainly not new to any of you that the scientific world to-day from a medical standpoint is looking to the cure of disease, not simply the effect of medicine upon any particular organ, but upon the individual, and as Homeopaths we have known for a hundred years or more that Homeopathy has its influence upon the totality of symptoms. I am very much pleased that Dr. Kaistha has emphasized that point. And one reason, perhaps, aside from the reasonableness of Homeopathy in India, is the peculiar condition which exists there, and that is the religion, or the effect of religion upon the Hindu people at the present time. It is said that a Hindu will do anything under the sun before he will submit to a surgical operation—a native of India prefers anything to being operated upon.

Last summer I had the pleasure of meeting Dr. Goop, from India, who was taking in this country, and he told me of the predominating influence our school is having upon the people of India.

I consider that it is a great honor to have such a paper presented, as has been given here.

Dr. E. P. Banning, Fort Wayne, Ind. : I desire to add a word in this connection relative to the great ability exhibited by Dr. Kaistha and his colleagues whom I had the pleasure

of instructing in orthodædics at Hering Medical College. The students from India are the possessors of intellects wonderfully logical and analytical, deductive, clear and subtle. Their loyalty to the pure Homœopathy as enunciated by Hahnemann in the *Organon* and taught by the lamented Dr. Allen, is intense, and Dr. Allen has frequently said that no better evidence that the imperishable truth given us by Hahnemann would fill the world could be had than the loyalty, zeal and faith of these students from India.

Dr. A. M. Cushing, Springfield, Mass. : A few years ago I had the pleasure of reading a paper before the Institute, and in it I introduced *Phaseolus nana*. Some time afterwards I had a letter from a resident of Alahabad, British India, saying he had suffered for more than a year from chronic "Bright's disease." The urine was full of albumen. He described his symptoms so perfectly I sent him *Phaseolus nana* 30. Six months later I received a letter from him assuring me that the albumen had disappeared, and he was feeling better. I sent him some more powders, and told him if he was not all right to let me know.

Dr. Belle B. Gurney, Chicago, Ill. : I was just going to say that Dr. Majumdar, of India, graduated in the same class with me. He was one of the brightest students we had, and we felt proud of him, and we felt that we had an able representative of Homeopathy to go back to India, and I understand he has done the best of work since his return. I am sure we are to be congratulated on having such earnest workers come from India to study Homeopathy in our colleges. I hope that we will not demoralize them, and that they will take back pure Homeopathy. •

Dr. Daya S. Kaistha, India : I sincerely thank you for the honor shown me by members of the Institute, and I know that I will be one of those volunteers and that Homeopathy

must go forward, and it will go forward, if everything goes against me. I thank you.

—*Journal of the American Institute of Homeopathy.*

NOTES ON RADIUM. *

BY JOHN H. CLARKE, M. D.

THE published observations on the action of Radium given internally which have appeared since the proving ~~was~~ published are less numerous than I could have wished ; but perhaps if I published a few more of my own it may help to "encourage the others."

Before coming to my own material I must thank Dr. Roberts for publishing in the British Homœopathic Review of April, 1909, two striking cases. He says:—

"I have had during the last two years two bad cases of pruritus ani. One case was that of a clergyman, aged 40, who had had it for a year, with eczema. One dose of Radium 30 cured him. The other was that of a lady, aged 30, who has suffered from piles, which I cured. Afterwards she had pruritus ani. One dose of Radium cured her, I ought to say." Dr. Roberts concludes, "I have to thank Dr. Clarke's book on Radium for these cures."

In the course of a discussion on a paper by Dr. Kent on *Carbo-neum Sulphuratum*, which was read before the American Institute of Homeopathy in June, 1908, and was published in the *Journal of the American Institute of Homœopathy* of May, 1909, my lamented friend, Dr. H. C. Allen, made some remarks on Radium which I will quote.

"Lately," he said, "we have had two remedies which have been proven—X-rays and *Radium*. *Radium* and X-rays have revolutionised the cases in bringing up the reaction, and developing old symptoms that have been suppressed for years. The effect of this suppression has prevented the action of our best selected remedies ;

* Read before the Cooper Club, Thursday, October 14th.

and we have now X-rays, and *Radium* proven by Dr. Clarke and his colleagues in London, which bids fair to be a very valuable addition in cases of this kind. They will help in the future treatment of some of these chronic cases.

"For the last three months Radium has helped me to cure a number of old burning, smarting pains, with redness, in different parts of the body. I thought I could cure with *Rhus radicans*. It set a patient on fire for a number of days, but did not help a particle as far as I could see; and *Sulphur*, *Psorinum*, and *Lycopodium* were ineffective. *Radium* gave prompt relief. The scales and crusts are going and the patient is recovering.

"I have had five cases since I began the use of Radium as Dr. Clarke suggested six months ago, and I call your attention to the fact that it is one of our most helpful remedies and will be one of our stand-bys in a few years."

In reply to a query by Dr. Hoyt, Dr. Allen said he used Radium in the 30th, 3,000th, of 30,000th. X-rays he used in the 6th, 30th, 200th, and 1,000th.

I need not tell you, gentlemen, that it was a great happiness to me to find this bit of posthumous testimony from my dear old friend.

For the next two observations I am indebted to my friend Mr. Charles Stewart. The Radium was administered to the patients on my advice, and Mr. Stewart noted down the effects.

THE CASE OF MRS. C.

"After, I think, three powders of Radium 30, Mrs. C. complained of pain day and night in right foot. The pain extended to the whole breadth of the foot just above the toes and went through to the sole. There was great tenderness, which amounted to pain on pressure. The pain was like that of the piles from which the patient was suffering—the pain caused by a gathering. The patient felt limp. The pain in the foot, which had continued for several days, was at once relieved by *Rhus v.*, and entirely disappeared in two days. The patient's appetite, which had previously been poor, became very good, and has remained so, she now quite enjoying her food.

"After a further course of Radium—this time of the 1000th potency—the corns on the toes of both feet became painful, the pain this time being

described as a smarting, cutting pain and like that of the piles. On two or three occasions when there had been hæmorrhage—once very considerable—from the rectum a powder of Radium has at once reduced it, and by the second day quite stopped it. It is on the second day that the effect of Radium seems greatest in this case and in that of R. Thomson (inveterate ulcer of the leg). In his case on two or three occasions, a dose of Radium 100 has on the second day brought about profuse bleeding from the ulcer, with the result of a clean surface in place of a foul one."

I will now relate to you a few cases of my own.

CASE I.—SYCOSIS MENTI. *

May 10, 1909.—Mr. D., 32, strong, healthy in general, blue eyes but darkish hair, had been suffering from "eczema" for eighteen months. The history was rather remarkable. He went into a nursing home to be operated on for deflection of the nasal septum. For surgical purposes he was shaved, and before he left the home sycosis menti had developed. For this he was treated in various ways, and among others had six inoculations with a serum or other preparation of the organism of sycosis menti. This had no effect. He was naturally constipated, but otherwise his digestive system was in good order. Had been twice vaccinated, the last time seven years previously,

The skin troubles affected the chin, face, ears, and backs of the hands, which are much \angle if they are at all exposed to the sun. There is much itching, which is \angle in bed when warm, and \angle in the sun. The patches were moist and oozing, and the annular character of the eruption could be traced here and there.

Calc. carb. c.m. (Nos. 1 and 8 medicated in xiv numbered powders I h. s. s.) had no apparent effect. So on May 24th he received
Rad. bro. $\frac{30}{1, 11, 17, 28}$ * xxxvi powders, I. h. s. s.

* This is a form of writing prescriptions which I find convenient. The figure above the line represents the potency. The numbers below the line denote the powders *directly* medicated with the remedy. (It does not follow that the other powders are entirely unmedicated. Proximity seems to medicate them in varying degrees.)—J. H. C.

July 5th (six weeks later)—A great change was now noticeable. The face was better ; the ears were better. There was a little spot of eruption in the hair. He had been out in the sun, but it didn't affect him much. Repeat.

July 26th.—Skin much better. Ears quite clear. Lower lip dry and scaly. (Lower lip always has been dry.) Repeat.

September 26th.—Skin almost clear. Only a little spot can be found on one ear. Hands quite clear. Repeat.

CASE II.—ERUPTION APPARENTLY FROM EATING.

SHRIMPS.

January 18, 1909—The next case is that of a lady of 50, who was referred to me by Dr. Eugene Cronin. Here is a very graphic account of the cause written me by the lady's husband before our interview :—

"Mrs. X. is in her fiftieth year : has been married seven months. The period still continues, but irregularly. About two months since she was attacked with violent sickness and purging, which continued the whole night. The only thing we could connect this with was her having eaten some shrimps. She was then attended by Dr. Cronin, who put her upon an arrowroot and Lemco diet. A rash on the thighs then appeared. and the doctor prescribed soda baths. She appeared to recover, but not entirely, as she left town for a time, the irritation slightly continued. Shortly after her return to town, about three weeks since, a rash appeared on her limbs and body, which has now become spread over it entirely excepting the face and hands. The irritation and burning is so excessive at times that it is almost unbearable, especially at night time in bed. She says that the pain most resembles that of a burn or scald, and the sharp, darting pain is as though some sharp instrument were being used. Her back is one scarlet patch, and the eruption is in places confluent, but in others closely scattered. The pain and burning on the top of the inner part of the thighs is of such a kind that it is agonising, to attempt to walk. The locality of irritation is fugitive at times on the arms, bosom, buttocks, and shoulders. The whole body appears to be so sore as to render lying painful. I have feared that she may be suffering from blood-poisoning."

Mrs. X. came of a phthisical family, and between the years of 18

and 12 was thought to be phthisical herself. Æt. 22 had a small ulcer on one ankle, which a doctor "closed up." Not a big appetite. Has a sinking sensation at 11 a.m. Inclined to be constipated. Subject to a winter cough.

I found the appearance of the rash very much as described in the letter. It was quite of the nutmeg-grater description to the touch. The buttocks were the part most severely affected. I prescribed Rad. bro. $\frac{30}{1, 11}$, fourteen powders, one at bedtime as numbered.

January 26th.—Rash very much diminished. Buttocks almost clear. Began to improve with the first powder. Very little irritation. Four or five days ago the period reappeared, with relief. Flow almost black. The same treatment was continued, with steady improvement.

February 15th.—Skin symptoms better. Has neuralgia on right side of face (from a tooth). Pain comes suddenly. Repeat.

April 22nd.—Still a little irritation. Skin a little rough. Period all right. Left arm burns and irritates, getting into bed. Repeat.

Since this time she has remained quite well as regards the skin. She has recently been to see me about a cough which she is liable to in autumn and winter.

CASE III.—ECZEMA VULVÆ.

Mrs. B., about 70. Very nervous and psychically sensitive. Pale, slight; blue eyes; widow, no family. Has suffered for years from eczema vulvæ, affecting the inner labia and mouth of urethra, often causing frequent desire to micturate, with stinging on passing water. On July 6, 1908, I gave her Rad. bro. $\frac{30}{1, 11, 17}$, xxiv, 1, h. s. s. as numbered.

August 17, 1908.—Irritation very much better. Urine doesn't sting now. Repeat.

I didn't see this patient again until April of this year. She had then suffered from stoppage of the bowels. That had been relieved, but she now suffered from constant pain in the epigastrium pushing upwards like a ball, coming on every time she ate, and in the night waking her from sleep. Laches. 6 soon relieved her of this.

July 19, 1909.—Hard, pearly eczema round about meatus of urethra. Carcin. $\frac{30}{1, 11, 17}$, xxiv., to be followed by Radium $\frac{30}{1, 11, 17}$, xxiv. Repeat Verbascum ointment, which she had received some time before.

October 6, 1909.—I received this report: "I derived great benefit from the powder and ointment. I have been without nearly a month, and find the old symptoms coming back." Repeat.

CASE IV.—GOUTY RASH.

Miss V., 66; fair, thin, of gouty family. Used to have very bad headaches, and before the change had frightful pains at the periods. Used to have bad chilblains, and for twenty years had a rash about the chest, \angle in spring. Vaccinated five or six times, the last in 1903, when it "took" slightly. Subject to attacks of indigestion, which is generally better when the rash is out. Thuja did this patient much good at the time I first treated her, in 1905.

October 8, 1907.—Has been in France, and has had eruption on neck, shoulder, and face, possibly aggravated by mosquito bites. Recipe—*Urtica urens* ϕ , 3 iij, in wineglass of water on rising. Graphit. $\frac{30}{1, 7, 14, 21}$, gl, vi., 1 h.s.s, as numbered. (I had Radium in my mind to give on this occasion, but waited.)

November 13th—Eruption better. Very well in general health. Has been having painful boils inside the nostrils. A little eruption on right eyebrow still, which itches. Eruption on scalp, itches at night. R. Borax $\frac{30}{1, 11, 17, 28}$, gl, vi, xxxvi., 1 h.s.s. as numbered.

January 22, 1908—Eruption over left scapula; looks herpetic. Is \angle at night, and when very bad it wakes her. No attack on face. R Rad bro $\frac{30}{1, 17}$, gl vi., xxxvi, 1 h. s. s. as numbered.

April 8th—Very well generally. Hardly any rash on back. Head much better. Boils in nose still continue. Very little indigestion. Repeat.

Six months later—October 21st—Has been very well all summer. Began to have a little rash last week. Sleep good except when disturbed with irritation. Repeat.

Twelve months later—October 5, 1909 Her sister tells me she has kept very well.

This sister is herself a patient and suffers from scirrhus of right breast, which she has had since 1892. She also suffers (though now very rarely) from mucous colitis, for which she originally consulted me. From April to July of this year I kept her on Radium 20X, five grains every 10 days. She kept very well all the time, but I could trace no effect on the growth, which is of the small contracting variety, and is adherent to the structures beneath. There is a red patch on the surface, but no discharge.

CASE V—ABDOMINAL CANCER.

Mrs. C. V., 70 ; mother of four children. In the last confinement the nurse neglected to put on a binder, and either from that or some other reason, when she began to get about it was observed that the abdominal walls were relaxed, with a great division between the two recti muscles. She was brought to me on January 6th of this year. She had been having "indigestion" for three or four years, and at last the condition had been diagnosed "cancer of the pylorus."

I found her very weak and emaciated from want of nourishment, but she had plenty of spirit. She had much pain, which came on twenty minutes after any food, and which she located in the right iliac region, where a hard, movable lump was to be felt. There was also pain across the back of the liver. Except when the pain disturbed her, she slept well. The bowels were very loose, There was much wind, which passed both ways. There was frequent vomiting.

Under unit doses of Ornithogal. ϕ she steadily improved for many weeks. The pain diminished and also the tumour, and the patient was able to take nourishment better.

In March there was increase of pain and flatulence, which Thuja 30 relieved.

On April 22nd she complained of very much pain, which was > by bending double. R. Rad. bro. $\frac{30}{1}$ -xii., I h. s. s as numbered.

May 3rd —First five or six days had much pain, last days easier.

The Radium was continued, and under it the symptoms steadily improved till near the middle of July, when there was again increase of pain, when Ornith. ϕ was again given.

The patient was now gradually becoming weaker and unable to leave her bed. I advised the friends to ask Dr. Sandberg, in whose district she resides, to take charge of the case, which he has kindly done. There has been recently hemorrhage from the bowel, Dr. Sandberg writes me, and I suggested a return to the Radium.

These, gentlemen, are a few observations, fragmentary and incomplete in some respects, but sufficient to bear out Dr. Allen's words that Radium is one of our most helpful remedies and is likely to be one of our stand-bys in a few years. It is one of my stand-bys already.

ADDENDUM.

Mrs. E. reminded me yesterday that I advised her some months ago to give Rad. bro. 30 to her little terrier. It has had eczema for years—worse in the summer. A red skin with irritation Rhus tox had kept it bearable for years. Rad. bro. 30, six globules, has cured it. But after the dose of Radium a swelling of the ear flaps occurred. When these were incised a lot of watery fluid come out.

OPERATIVE SURGERY—ITS PROVINCE. •

We are not unfrequently called upon to treat cases whenever an operation is proposed by any surgeon and in a goodly number of these cases we are quite successful in bringing the patient safely at harbour. On the other hand it is also pretty generally admitted that there are time and place for operative surgery, even in conditions arising from other than traumatic causes; and with reference to this the recorded utterance of the master is also very clear as given in *Organon*, section 186; where he says that in cases of severe injuries, the external obstacles to cure may be removed by mechanical means e. g. the reduction of dislocation by bringing

together the lips of wounds by bandages, by extraction of foreign bodies, by making an opening into a cavity of the body in order to remove an irritating substance, or to procure the evacuation of effusions or collection of fluids, also by bringing into apposition the broken extremities of a fractured bone &c.

Apart from these traumatic cases, as for example, in certain cases of appendicitis ; effusions of liquid or pus into pleural or peritoneal cavities ; tumours—ovarian uterine &c the knife, the knife must be used and we cannot neglect the knife. So the question naturally arises, at what point or under what conditions does operation either become advantageous or necessary in the treatment of the case ; where is the line to be drawn ; what principles are to guide us in deciding when it is necessary to operate.

* Here a great difficulty arises in the very threshold, and what is that. It is this that both sides are liable to make horrible blunders and probably Hahnemannians need to be reminded of their duty in this connection more than others. Always attaching more importance to the subjective symptoms when compared with the objective ones, they by their long habit become careless of objective symptoms, and not unfrequently this carelessness brings defeat on the good doctor at the hands of a much inferior practitioner. Thus in more than one case the physician has prescribed unavailingly for a child's foul-smelling breath, and his successor has ended the trouble at once by extracting a foreign body from the nostrils.

On the other hand again we very often find that the so-called surgeons of the old school come to blunder very seriously. When a few local symptoms are taken as the basis of procedure, we often see deplorable mistakes committed. A remarkable instance of this is given in Dr. Dunham's

materia medica. When Mr. Percival was shot, as he came out from the House of Commons, being mistaken for Sir Robert Peel, he came under the care of the celebrated surgeon Guthrie. The wound was of the thoracic walls.

How came Mr. Guthrie to blunder so terribly? Well it can be explained this way, his speciality, being Surgery, he had confined his attention to the wound, and had overlooked the symptoms of pleuritis, which were of course present before.

Again we find that there are surgeons, who send almost all their cases to the operation table without hesitation. His is ever ready for business. Such a surgeon is no surgeon at all. He is a knives-man, and I am afraid his kind is much too numerous, and they are incapable of deciding what is best for their patients and we very often find serious consequences following such operations. How often do we find piles growing with increasing violence after one set is removed or even apoplexy ending the life of a patient after a bleeding pile is suddenly removed by ligature. Or again we find tuberculosis developed after an anal fistula is cured by operation; or we find tumour taking a malignant type whenever the surface is disturbed. Instances might be multiplied by thousands and thousands to show that these surgical procedures are not always safe procedures. So let us consult again the teaching of our master:—

After recommending the surgical measures in section 186, he in that very section qualifies it with a But—and thus goes on to, say—But when in each injury the whole living organism requires, as it always does, active dynamic aid to put it in a position to accomplish the work of healing, then the services of the dynamic physician and his helpful homeopathy come into requisition.

In section 187 he goes on to say that several affections,

alterations and ailments appearing on the external parts, that do not arise from external injury, are produced in quite another manner; their source lies in some internal malady. To consider them as mere local affections, and at the same time to treat them only as it were surgically, or with topical applications is as absurd as it is pernicious in its results.

A very little reflection will suffice to convince us that no external malady can arise, persist or even grow worse without some internal cause, without the co-operation of the whole organism, which must consequently be in a diseased state. Here the external malady could not make its appearance at all without the participation of the rest of the living whole, without the participation of the vital force that pervades all the other sensitive and irritable parts of the organism, indeed it is impossible to conceive its production without the instrumentality of the whole life. We are always to remember Hahnemann's view of the origin of disease, and not to confound cause and effect, not to consider tumour and disease indential.

Moreover, we often come across cases—where the vital force, encumbered with a chronic disease, being unable to overcome the malady by its own powers, adopt the plan of developing a local malady on some external part, not indispensable to human life, to silence the internal disease, which otherwise threatens to destroy the vital organs, that it may thereby transfer the internal disease to the vicarious local affection, and as it were draw it thither. The local affection here is nothing but a part of the general disease, increased in one direction and transferred to a less dangerous part of the body, in order to allay internal ailment. If now the local affection is destroyed by the topical application of external remedies, under the belief that he cures thereby the

whole disease, Nature makes up for its loss by rousing the internal malady and very serious consequences follow.

A case is very beautifully described by Dr. Burnett in his book called *Organ Diseases of Women*. In a married lady the ovaries were removed on account of Fistulous openings in the anal region. The ovaries were rendered tubercular and the result was that the lady had no further menstruation and became enormously obese but the fistula did not heal and pulmonary phthisis developed subsequently. —The conclusion he comes to is this :—

"I hold very strongly that it is simply impossible to cure any constitutional disease whatever by any operation. The manifold operations on women, are for the most part absolutely useless, often harmful, and not seldom fatal. How can any one cure the quality of a person by cutting a piece of her ?

With all these facts and theories before us our first duty should be to consider the patient as a whole, and not to take to the knife without stint. That surgical therapeutics should always precede the knife even in the most malignant and incurable cases, as well as those that are of doubtful nature. In all these cases a sound judgment is the first qualification in a physician. When in our judgment medicine is no longer available to arrest a malady, while operation offers hope of amendment or cure, a decision in favour of the knife is right. Here each case is to be judged by its own merits.

An eminent surgeon of New York, Dr. Edmund Carlton's method—He says his plan is never to refuse operation point blank ; but to ask (if the indicated remedy has been given) to give the indicated remedy and that the knife would wait. Even after operations are performed proper medicines contribute more to the success of the operation.

CHOLERA ASIATICA.

(*Continued from page 331, No. 11, Vol. XVIII.*)

Here is a case where I used Iris to allay the distressing vomiting :—

A young lady was attacked with the disease while attending a cholera patient. She was already much reduced in health having lately undergone a very serious operation.

I saw her in the morning and found her having frequent yellow stools with griping pains. She also vomited several times. She was of a melancholic disposition and had indulged in sweets and pastry the night previous. Pulsat 30 every 3 hours.

I visited her again at 3 P. M. and found the whole household in great commotion. Although the purging and vomiting were somewhat better, she suddenly had a sort of hysterical attack which frightened every body very much.

I had left another physician in attendance whose timely administration of a dose of Nux moschata 30 had very good effect. Now the patient came out of the attack very nicely but strange to say her power of speech was completely gone. The husband of the patient was very much alarmed. I assured him that it was only due to weakness and would be all right soon.

Placebo continued. I saw the patient again at night and found her in about the same condition, only the vomiting had been somewhat distressing and constant. *Iris Vers* 30 *two doses during the night.*

The next morning I saw the patient early. The vomiting was gone, but she had slight fever and she complained of headache. Her pulse was excited and a new complication had arisen. The menstrual flow had made its appearance. This is a very distressing complication and I dreaded it very much.

Bellad. 30 every 3 hours during the day. I saw the patient in the evening again and found her somewhat better. The fever was less and she felt more easy generally. The flow continued. I gave a dose of **Lil. Tig.** 30 and two doses of **Pulsat** on the following days and she was all right in four or five days.

Jaborandi—This remedy may be used in cases where **Croton Tig.** fails. We have not much experience with the drug.

Jalape—**Jalape** is useful in diarrhœa of children with colic. It has one symptom like **Psorinum**, the child is good all day and cries all night.

Jatropha—The yellow watery diarrhœa that is frequently met with at the beginning of cholera is very quickly checked by **Jatropha**. It has nearly all the symptoms of cholera but it is seldom called for in the later stages of the disease.

Hering says that **Jatropha** should be preferred to **Vera-trum** in the treatment of this disease.

It has cramps in the extremities with general coldness of the body. Clammy perspiration is also noticed at times.

There is violent rumbling noise in the abdomen.

It has been used in the 6th potency.

Kali Carbonicum—This remedy is generally used in chronic diseases, but there are a few important symptoms that are worth narrating here.

Stomach excessively distended and sensitive, feels as if it would burst. Every thing the patient eats seems to be converted into gas.

Difficulty of breathing from 2-4 A.M. The heart seems to be weak, as if suspended by a thread. I know nothing characteristic about the stools of this drug.

The higher potencies are to be preferred. I have used the 30 and 200.

Kalmia Latifolia—In sudden heart pangs sometimes *Kalmia* may be used with great advantage. In cholera the heart becomes so irregular that we need to have all our remedies in this sphere quite at hand.

Kreosotum—Kreosote is a very useful remedy in malignant affections. It matters little what the disease is, the characteristics of *Kreosotum* are clear cut and unmistakable. *All the discharges are corrosive and ichorous*, they are also fætid. Vitality is generally greatly depressed.

Vomiting, of pregnancy, sweetish water, with pytalism, of *cholera*, during painful dentition; incessant with cadaverous stools, in malignant affections of the stomach.

Smarting and burning during and after micturition. (Sulph). The stools are greenish, watery, fætid and cadaverous smelling. Excoriating.

Intense thirst with greedy drinking. Continuous vomiting and straining to vomit. Belching and hiccough, griping about the navel.

Abdomen distended. Very restless. Quick, scarcely preceptible pulse. Arsenic follows Kreosote well, but *Carbo veg* and Kreosote are inimical.

The 30th is generally used, but the *highers* may also be used with advantage.

Lachesis—This remedy will seldom be called for in cholera but may sometimes be used with great advantage in the later stages of the disease. We would do well to remember Nash's symptom in typhoid. Where well selected remedies fail to create an impression think of *Lachesis* (like Sulph). Its modalities are very characteristic. Left side principally affected; diseases begin on the left and go to the right.

Great sensitiveness to touch. Intolerance of anything tight around the waist or neck. Extremes of heat and cold cause great debility.

All symptoms are worse after sleep. As soon as he falls asleep the breathing stops.

Great physical and mental exhaustion, trembling of the whole body, sinks down from weakness. Sensation of a ball in the inner parts.

The patient is unable to protrude the tongue. It catches on the teeth and cannot be put out. Intolerance of the slightest pressure in the left iliac region. Langour, Debility.

The urine becomes frothy.

The stools are watery, chocolate colored, consisting of decomposed blood, bloody water, corrosive, offensive smelling.

At times there is great thirst and much distress after sleep. The higher potencies are to be preferred. I generally use the 30th and the 200th.

Laurocerasus—Like Carbo veg this remedy is called for in the later stages of the disease when all the other remedies fail and vitality seems to be at a low ebb.

Bell very truly remarks :—"The symptoms of **Laurocerasus** remind us at once of a most severe and fatal form of cholera infantum. The rattling of drink as it rolls down the œsophagus is the most characteristic symptom and one of evil omen. In these cases, the other symptoms corresponding, this remedy will save many otherwise fatal cases. The same remark applies also to cholera and cholera morbus."

The stools are involuntary, watery or green.

The appearance becomes sunken, Hippocratic, there is great thirst and the pupils become dilated. Pulse becomes slow and imperceptible. *Whatever the patient drinks rolls down the œsophagus with a gurgling noise.*

Absence of vomiting and stools in cholera. The body becomes cold, the pulse slow, irregular, or imperceptible. Breathing slow, feeble and rattling (Ant. tart). The heart's

action becomes irregular and there is great dyspnœa. Respiration becomes slow, almost gasping and the urine entirely suppressed. In fact a typical picture of the last stage of the disease obtains.

Generally used in the 6th and the 30th potency.

Lycopodium—Lycopodium, though generally indicated in constipated persons, will at times be very useful in cases of cholera resulting in old dyspeptics who suffer from diarrhœa due to acidity. We frequently come across this condition in women at the climacteric, who have been subject to acidity and dyspepsia all their lives. It is also a useful remedy in cholera infantum with brain complications.

Some of its modalities are very characteristic.

All complaints feel worse from 4 to 8 p. m.

Children look weak and emaciated. Babies cry all day and sleep all night (Rev of Jalapa, Psoria). The patient is generally very greedy and avaricious.

Everything tastes sour, eructations, heartburn, water-brash &c.

The stools are thin, brown or yellow, green, offensive, and painless. The gastric symptoms are also very peculiar. A few mouthfuls seem to fill him up, causes great distention of the abdomen, but with Lycopodium the distention is in the lower abdomen, whereas with Carbo veg. it is generally in the upper abdomen.

Nausea in the morning.

Loud rumbling of flatus in abdomen. Urine suppressed, or there is a red sandy deposit in the urine.

The feet are cold, or *one foot hot and the other cold*.

Lycopodium is a deep seated, long acting remedy, and should rarely be repeated after improvement begins.²⁴ H. C. Allen.

Magnesia Carbonica—The stools of Magnesia Carb are

not generally of a choleraic nature, but the pain and colic will sometimes necessitate the use of the drug. When no remedy will relieve the pain, Magnesia Carb will. The pains are lightning-like, worse on the left side, insupportable during repose, must get up and walk (Rhus.)

The stools are preceded by cutting, doubling up colic. They are green, frothy, like the scum of a frog pond. White masses like tallow are found floating in them. Profuse, sour smelling, undigested. Sour smell of the whole body (like Hepar s. and Rheum). I have generally used the 30th potency.

Magnesia Muriatica—This remedy will frequently be found useful in cholera infantum. Children, during dentition, are unable to digest milk ; it causes pain in the stomach, and passes undigested ; puny rachitic children who crave sweets (Arg. nitr.). These cases generally develop hydrocephalus if not checked at the beginning. The head sweats profusely.

Rising of a white frothy substance in the mouth constantly.

Eructations taste like rotten eggs.

Magnesia muriatica we have generally used in the 30th potency.

Medorrhinum—Properly speaking this antisycotic has no place here. But Dr. Allen's exhaustive symptomatology gives us a few valuable symptoms by which it seems to me that when Carbo veg. and Cuprum fail in very desperate cases, Medorrhinum might sometimes be used with good results.

Here are a few of the characteristics :—Trembling all over, (subjective) intense nervousness and profound exhaustion.

State of collapse, wants to be fanned constantly (Carbo veg.), craves fresh air ; skin cold, yet throws off the covers

(Camph, Secale) ; cold, and bathed with cold perspiration
(Verat alb.)

Anticipates death ; always anticipating, feels matters most sensitively before they occur and generally correctly.

Anxious, nervous, extremely sensitive ; starts at the least sound.

Many symptoms are worse when thinking of them. Pains return as soon as he thinks about them (Oxal Acid.)

Headache and diarrhoea from jarring of cars.

Ravenous hunger immediately after eating. (Cina, Hyosium., Psorin.)

In cholera sometimes patients complain of hunger which is frequently due to a burning sensation in the stomach and the intestines (Sulph.)

Constant thirst, even dreams she is drinking.

The stools of medorrhinum are not characteristic.

The nosodes should always be used in the higher potencies. I have used the 200th and the c.m.

Mercurius Corrosivus—Of late I have heard of Mercurius Corrosivus having been used in cholera, but with what measure of success I do not know. I have not seen any regular report of cases treated with this drug.

Its symptomatology is very imperfect, there being no regular provings except from poisoning cases.

The intense tenesmus which is more characteristic of dysentery than diarrhoea being the sole guide. The vesical tenesmus is equally well marked. There is great burning with the tenesmus and urine passes scanty, hot, and bloody. Sometimes the urine is suppressed altogether.

The stools are hot, scanty, bloody, and slimy ; offensive with colicky pains.

(To be continued.)

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